

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. ASSETS</b>					
<b>A. Current Assets:</b>					
1	Cash and Cash Equivalents	\$1,078,653	\$303,667	(\$774,986)	-72%
2	Short Term Investments	\$221,990	\$223,228	\$1,238	1%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$13,535,241	\$12,226,798	(\$1,308,443)	-10%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$778,225	\$748,785	(\$29,440)	-4%
8	Prepaid Expenses	\$581,707	\$623,576	\$41,869	7%
9	Other Current Assets	\$747,089	\$718,834	(\$28,255)	-4%
	<b>Total Current Assets</b>	<b>\$16,942,905</b>	<b>\$14,844,888</b>	<b>(\$2,098,017)</b>	<b>-12%</b>
<b>B. Noncurrent Assets Whose Use is Limited:</b>					
1	Held by Trustee	\$682,345	\$722,904	\$40,559	6%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$1,060,894	\$1,076,481	\$15,587	1%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$1,743,239</b>	<b>\$1,799,385</b>	<b>\$56,146</b>	<b>3%</b>
5	Interest in Net Assets of Foundation	\$749,093	\$777,498	\$28,405	4%
6	Long Term Investments	\$29,687,316	\$27,793,697	(\$1,893,619)	-6%
7	Other Noncurrent Assets	\$1,220,276	\$719,613	(\$500,663)	-41%
<b>C. Net Fixed Assets:</b>					
1	Property, Plant and Equipment	\$71,103,559	\$72,086,645	\$983,086	1%
2	Less: Accumulated Depreciation	\$42,570,348	\$45,954,913	\$3,384,565	8%
	<b>Property, Plant and Equipment, Net</b>	<b>\$28,533,211</b>	<b>\$26,131,732</b>	<b>(\$2,401,479)</b>	<b>-8%</b>
3	Construction in Progress	\$644,126	\$238,283	(\$405,843)	-63%
	<b>Total Net Fixed Assets</b>	<b>\$29,177,337</b>	<b>\$26,370,015</b>	<b>(\$2,807,322)</b>	<b>-10%</b>
	<b>Total Assets</b>	<b>\$79,520,166</b>	<b>\$72,305,096</b>	<b>(\$7,215,070)</b>	<b>-9%</b>

<b>MILFORD HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$4,324,984	\$3,958,361	(\$366,623)	-8%
2	Salaries, Wages and Payroll Taxes	\$6,257,395	\$5,811,602	(\$445,793)	-7%
3	Due To Third Party Payers	\$2,372,068	\$1,885,402	(\$486,666)	-21%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$833,487	\$892,497	\$59,010	7%
7	Other Current Liabilities	\$2,990,484	\$3,133,999	\$143,515	5%
	<b>Total Current Liabilities</b>	<b>\$16,778,418</b>	<b>\$15,681,861</b>	<b>(\$1,096,557)</b>	<b>-7%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$2,783,548	\$1,891,051	(\$892,497)	-32%
	<b>Total Long Term Debt</b>	<b>\$2,783,548</b>	<b>\$1,891,051</b>	<b>(\$892,497)</b>	<b>-32%</b>
3	Accrued Pension Liability	\$20,708,832	\$26,780,814	\$6,071,982	29%
4	Other Long Term Liabilities	\$1,150,469	\$1,139,396	(\$11,073)	-1%
	<b>Total Long Term Liabilities</b>	<b>\$24,642,849</b>	<b>\$29,811,261</b>	<b>\$5,168,412</b>	<b>21%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$36,805,806	\$25,485,476	(\$11,320,330)	-31%
2	Temporarily Restricted Net Assets	\$689,851	\$716,206	\$26,355	4%
3	Permanently Restricted Net Assets	\$603,242	\$610,292	\$7,050	1%
	<b>Total Net Assets</b>	<b>\$38,098,899</b>	<b>\$26,811,974</b>	<b>(\$11,286,925)</b>	<b>-30%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$79,520,166</b>	<b>\$72,305,096</b>	<b>(\$7,215,070)</b>	<b>-9%</b>

<b>MILFORD HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2009 ACTUAL</b>	<b>FY 2010 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$219,139,563	\$204,296,146	(\$14,843,417)	-7%
2	Less: Allowances	\$136,548,788	\$125,767,219	(\$10,781,569)	-8%
3	Less: Charity Care	\$122,057	\$299,029	\$176,972	145%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$82,468,718</b>	<b>\$78,229,898</b>	<b>(\$4,238,820)</b>	<b>-5%</b>
5	Other Operating Revenue	\$1,109,354	\$1,165,893	\$56,539	5%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	<b>Total Operating Revenue</b>	<b>\$83,578,072</b>	<b>\$79,395,791</b>	<b>(\$4,182,281)</b>	<b>-5%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$37,172,912	\$37,361,201	\$188,289	1%
2	Fringe Benefits	\$14,009,463	\$14,508,482	\$499,019	4%
3	Physicians Fees	\$621,077	\$273,288	(\$347,789)	-56%
4	Supplies and Drugs	\$12,162,216	\$10,985,763	(\$1,176,453)	-10%
5	Depreciation and Amortization	\$3,973,806	\$3,574,898	(\$398,908)	-10%
6	Bad Debts	\$6,998,451	\$6,738,669	(\$259,782)	-4%
7	Interest	\$280,961	\$230,967	(\$49,994)	-18%
8	Malpractice	\$1,524,271	\$1,306,068	(\$218,203)	-14%
9	Other Operating Expenses	\$11,744,316	\$11,068,402	(\$675,914)	-6%
	<b>Total Operating Expenses</b>	<b>\$88,487,473</b>	<b>\$86,047,738</b>	<b>(\$2,439,735)</b>	<b>-3%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$4,909,401)</b>	<b>(\$6,651,947)</b>	<b>(\$1,742,546)</b>	<b>35%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	(\$2,308,155)	\$1,714,169	\$4,022,324	-174%
2	Gifts, Contributions and Donations	\$38,801	\$925	(\$37,876)	-98%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	<b>Total Non-Operating Revenue</b>	<b>(\$2,269,354)</b>	<b>\$1,715,094</b>	<b>\$3,984,448</b>	<b>-176%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$7,178,755)</b>	<b>(\$4,936,853)</b>	<b>\$2,241,902</b>	<b>-31%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$3,551,963	\$1,110,476	(\$2,441,487)	-69%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$3,551,963</b>	<b>\$1,110,476</b>	<b>(\$2,441,487)</b>	<b>-69%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$3,626,792)</b>	<b>(\$3,826,377)</b>	<b>(\$199,585)</b>	<b>6%</b>
	Principal Payments	\$778,379	\$833,487	\$55,108	7%

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	DIFFERENC E
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$62,752,095	\$54,522,273	(\$8,229,822)	-13%
2	MEDICARE MANAGED CARE	\$17,675,681	\$18,204,576	\$528,895	3%
3	MEDICAID	\$3,243,329	\$3,259,560	\$16,231	1%
4	MEDICAID MANAGED CARE	\$3,491,071	\$2,714,444	(\$776,627)	-22%
5	CHAMPUS/TRICARE	\$46,587	\$152,291	\$105,704	227%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$37,233,772	\$34,706,533	(\$2,527,239)	-7%
8	WORKER'S COMPENSATION	\$546,400	\$192,838	(\$353,562)	-65%
9	SELF- PAY/UNINSURED	\$2,605,659	\$1,744,121	(\$861,538)	-33%
10	SAGA	\$724,567	\$149,863	(\$574,704)	-79%
11	OTHER	\$31,163	\$18,312	(\$12,851)	-41%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$128,350,324</b>	<b>\$115,664,811</b>	<b>(\$12,685,513)</b>	<b>-10%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$17,505,903	\$17,381,005	(\$124,898)	-1%
2	MEDICARE MANAGED CARE	\$7,502,495	\$7,904,664	\$402,169	5%
3	MEDICAID	\$2,657,244	\$4,425,709	\$1,768,465	67%
4	MEDICAID MANAGED CARE	\$6,092,897	\$7,126,528	\$1,033,631	17%
5	CHAMPUS/TRICARE	\$233,699	\$213,143	(\$20,556)	-9%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$48,064,359	\$46,051,475	(\$2,012,884)	-4%
8	WORKER'S COMPENSATION	\$1,412,226	\$1,264,610	(\$147,616)	-10%
9	SELF- PAY/UNINSURED	\$5,204,794	\$3,962,849	(\$1,241,945)	-24%
10	SAGA	\$1,980,416	\$182,711	(\$1,797,705)	-91%
11	OTHER	\$135,206	\$118,641	(\$16,565)	-12%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$90,789,239</b>	<b>\$88,631,335</b>	<b>(\$2,157,904)</b>	<b>-2%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$80,257,998	\$71,903,278	(\$8,354,720)	-10%
2	MEDICARE MANAGED CARE	\$25,178,176	\$26,109,240	\$931,064	4%
3	MEDICAID	\$5,900,573	\$7,685,269	\$1,784,696	30%
4	MEDICAID MANAGED CARE	\$9,583,968	\$9,840,972	\$257,004	3%
5	CHAMPUS/TRICARE	\$280,286	\$365,434	\$85,148	30%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$85,298,131	\$80,758,008	(\$4,540,123)	-5%
8	WORKER'S COMPENSATION	\$1,958,626	\$1,457,448	(\$501,178)	-26%
9	SELF- PAY/UNINSURED	\$7,810,453	\$5,706,970	(\$2,103,483)	-27%
10	SAGA	\$2,704,983	\$332,574	(\$2,372,409)	-88%
11	OTHER	\$166,369	\$136,953	(\$29,416)	-18%
	<b>TOTAL GROSS REVENUE</b>	<b>\$219,139,563</b>	<b>\$204,296,146</b>	<b>(\$14,843,417)</b>	<b>-7%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$19,977,784	\$18,277,886	(\$1,699,898)	-9%
2	MEDICARE MANAGED CARE	\$5,624,547	\$5,816,238	\$191,691	3%
3	MEDICAID	\$567,699	\$748,518	\$180,819	32%
4	MEDICAID MANAGED CARE	\$913,673	\$807,011	(\$106,662)	-12%
5	CHAMPUS/TRICARE	\$9,600	\$37,915	\$28,315	295%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$15,338,329	\$14,347,121	(\$991,208)	-6%
8	WORKER'S COMPENSATION	\$293,226	\$106,915	(\$186,311)	-64%
9	SELF- PAY/UNINSURED	\$188,048	\$25,685	(\$162,363)	-86%
10	SAGA	\$53,111	\$9,909	(\$43,202)	-81%
11	OTHER	\$6,089	\$3,634	(\$2,455)	-40%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$42,972,106</b>	<b>\$40,180,832</b>	<b>(\$2,791,274)</b>	<b>-6%</b>

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	DIFFERENC E
<b>B. OUTPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$4,392,393	\$4,276,417	(\$115,976)	-3%
2	MEDICARE MANAGED CARE	\$1,849,714	\$2,046,198	\$196,484	11%
3	MEDICAID	\$201,303	\$463,688	\$262,385	130%
4	MEDICAID MANAGED CARE	\$1,607,062	\$1,986,623	\$379,561	24%
5	CHAMPUS/TRICARE	\$103,943	\$57,711	(\$46,232)	-44%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$20,796,349	\$19,775,749	(\$1,020,600)	-5%
8	WORKER'S COMPENSATION	\$1,021,862	\$908,758	(\$113,104)	-11%
9	SELF- PAY/UNINSURED	\$462,477	\$317,583	(\$144,894)	-31%
10	SAGA	\$214,677	\$12,081	(\$202,596)	-94%
11	OTHER	\$29,396	\$36,128	\$6,732	23%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$30,679,176</b>	<b>\$29,880,936</b>	<b>(\$798,240)</b>	<b>-3%</b>
<b>C. TOTAL NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$24,370,177	\$22,554,303	(\$1,815,874)	-7%
2	MEDICARE MANAGED CARE	\$7,474,261	\$7,862,436	\$388,175	5%
3	MEDICAID	\$769,002	\$1,212,206	\$443,204	58%
4	MEDICAID MANAGED CARE	\$2,520,735	\$2,793,634	\$272,899	11%
5	CHAMPUS/TRICARE	\$113,543	\$95,626	(\$17,917)	-16%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$36,134,678	\$34,122,870	(\$2,011,808)	-6%
8	WORKER'S COMPENSATION	\$1,315,088	\$1,015,673	(\$299,415)	-23%
9	SELF- PAY/UNINSURED	\$650,525	\$343,268	(\$307,257)	-47%
10	SAGA	\$267,788	\$21,990	(\$245,798)	-92%
11	OTHER	\$35,485	\$39,762	\$4,277	12%
	<b>TOTAL NET REVENUE</b>	<b>\$73,651,282</b>	<b>\$70,061,768</b>	<b>(\$3,589,514)</b>	<b>-5%</b>
<b>III. STATISTICS BY PAYER</b>					
<b>A. DISCHARGES</b>					
1	MEDICARE TRADITIONAL	1,861	1,747	(114)	-6%
2	MEDICARE MANAGED CARE	562	615	53	9%
3	MEDICAID	107	134	27	25%
4	MEDICAID MANAGED CARE	310	272	(38)	-12%
5	CHAMPUS/TRICARE	3	12	9	300%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	1,814	1,669	(145)	-8%
8	WORKER'S COMPENSATION	17	5	(12)	-71%
9	SELF- PAY/UNINSURED	99	79	(20)	-20%
10	SAGA	26	6	(20)	-77%
11	OTHER	1	1	0	0%
	<b>TOTAL DISCHARGES</b>	<b>4,800</b>	<b>4,540</b>	<b>(260)</b>	<b>-5%</b>
<b>B. PATIENT DAYS</b>					
1	MEDICARE TRADITIONAL	9,239	8,190	(1,049)	-11%
2	MEDICARE MANAGED CARE	2,615	2,632	17	1%
3	MEDICAID	520	478	(42)	-8%
4	MEDICAID MANAGED CARE	965	769	(196)	-20%
5	CHAMPUS/TRICARE	11	30	19	173%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	6,429	5,292	(1,137)	-18%
8	WORKER'S COMPENSATION	46	19	(27)	-59%
9	SELF- PAY/UNINSURED	440	278	(162)	-37%
10	SAGA	100	16	(84)	-84%
11	OTHER	5	4	(1)	-20%
	<b>TOTAL PATIENT DAYS</b>	<b>20,370</b>	<b>17,708</b>	<b>(2,662)</b>	<b>-13%</b>

**MILFORD HOSPITAL  
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FISCAL YEAR 2010  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	DIFFERENC E
<b>C. OUTPATIENT VISITS</b>					
1	MEDICARE TRADITIONAL	4,583	4,177	(406)	-9%
2	MEDICARE MANAGED CARE	6,123	6,180	57	1%
3	MEDICAID	312	405	93	30%
4	MEDICAID MANAGED CARE	5,840	6,804	964	17%
5	CHAMPUS/TRICARE	39	55	16	41%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	21,317	19,396	(1,921)	-9%
8	WORKER'S COMPENSATION	151	120	(31)	-21%
9	SELF- PAY/UNINSURED	306	213	(93)	-30%
10	SAGA	88	0	(88)	-100%
11	OTHER	3	4	1	33%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>38,762</b>	<b>37,354</b>	<b>(1,408)</b>	<b>-4%</b>
<b>IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>					
<b>A. EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$7,598,238	\$7,393,949	(\$204,289)	-3%
2	MEDICARE MANAGED CARE	\$2,516,930	\$2,693,955	\$177,025	7%
3	MEDICAID	\$2,363,809	\$3,874,635	\$1,510,826	64%
4	MEDICAID MANAGED CARE	\$4,766,526	\$5,205,590	\$439,064	9%
5	CHAMPUS/TRICARE	\$165,755	\$146,766	(\$18,989)	-11%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$22,292,621	\$20,076,386	(\$2,216,235)	-10%
8	WORKER'S COMPENSATION	\$874,650	\$825,586	(\$49,064)	-6%
9	SELF- PAY/UNINSURED	\$4,078,564	\$3,715,375	(\$363,189)	-9%
10	SAGA	\$1,771,338	\$11,093	(\$1,760,245)	-99%
11	OTHER	\$132,073	\$109,942	(\$22,131)	-17%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$46,560,504</b>	<b>\$44,053,277</b>	<b>(\$2,507,227)</b>	<b>-5%</b>
<b>B. EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$1,906,468	\$1,819,205	(\$87,263)	-5%
2	MEDICARE MANAGED CARE	\$620,540	\$697,356	\$76,816	12%
3	MEDICAID	\$178,894	\$405,951	\$227,057	127%
4	MEDICAID MANAGED CARE	\$1,257,219	\$1,451,134	\$193,915	15%
5	CHAMPUS/TRICARE	\$73,724	\$39,739	(\$33,985)	-46%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$9,842,810	\$8,621,343	(\$1,221,467)	-12%
8	WORKER'S COMPENSATION	\$384,846	\$593,272	\$208,426	54%
9	SELF- PAY/UNINSURED	\$362,404	\$297,750	(\$64,654)	-18%
10	SAGA	\$192,013	\$733	(\$191,280)	-100%
11	OTHER	\$28,715	\$33,479	\$4,764	17%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$14,847,633</b>	<b>\$13,959,962</b>	<b>(\$887,671)</b>	<b>-6%</b>
<b>C. EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>					
1	MEDICARE TRADITIONAL	4,258	4,247	(11)	0%
2	MEDICARE MANAGED CARE	1,296	1,355	59	5%
3	MEDICAID	1,894	2,867	973	51%
4	MEDICAID MANAGED CARE	4,481	4,911	430	10%
5	CHAMPUS/TRICARE	142	120	(22)	-15%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	19,522	17,627	(1,895)	-10%
8	WORKER'S COMPENSATION	951	941	(10)	-1%
9	SELF- PAY/UNINSURED	3,202	2,877	(325)	-10%
10	SAGA	1,065	3	(1,062)	-100%
11	OTHER	102	101	(1)	-1%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>36,913</b>	<b>35,049</b>	<b>(1,864)</b>	<b>-5%</b>

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. OPERATING EXPENSE BY CATEGORY</b>					
<b>A. Salaries &amp; Wages:</b>					
1	Nursing Salaries	\$17,018,295	\$17,871,610	\$853,315	5%
2	Physician Salaries	\$4,932,122	\$5,249,817	\$317,695	6%
3	Non-Nursing, Non-Physician Salaries	\$15,222,495	\$14,239,774	(\$982,721)	-6%
	<b>Total Salaries &amp; Wages</b>	<b>\$37,172,912</b>	<b>\$37,361,201</b>	<b>\$188,289</b>	<b>1%</b>
<b>B. Fringe Benefits:</b>					
1	Nursing Fringe Benefits	\$6,911,685	\$7,469,549	\$557,864	8%
2	Physician Fringe Benefits	\$968,548	\$1,170,003	\$201,455	21%
3	Non-Nursing, Non-Physician Fringe Benefits	\$6,129,230	\$5,868,930	(\$260,300)	-4%
	<b>Total Fringe Benefits</b>	<b>\$14,009,463</b>	<b>\$14,508,482</b>	<b>\$499,019</b>	<b>4%</b>
<b>C. Contractual Labor Fees:</b>					
1	Nursing Fees	\$306,239	\$104,532	(\$201,707)	-66%
2	Physician Fees	\$621,077	\$273,288	(\$347,789)	-56%
3	Non-Nursing, Non-Physician Fees	\$167,456	\$2,290	(\$165,166)	-99%
	<b>Total Contractual Labor Fees</b>	<b>\$1,094,772</b>	<b>\$380,110</b>	<b>(\$714,662)</b>	<b>-65%</b>
<b>D. Medical Supplies and Pharmaceutical Cost:</b>					
1	Medical Supplies	\$10,183,098	\$9,316,434	(\$866,664)	-9%
2	Pharmaceutical Costs	\$1,979,118	\$1,669,329	(\$309,789)	-16%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$12,162,216</b>	<b>\$10,985,763</b>	<b>(\$1,176,453)</b>	<b>-10%</b>
<b>E. Depreciation and Amortization:</b>					
1	Depreciation-Building	\$1,437,426	\$1,416,516	(\$20,910)	-1%
2	Depreciation-Equipment	\$2,526,854	\$2,148,856	(\$377,998)	-15%
3	Amortization	\$9,526	\$9,526	\$0	0%
	<b>Total Depreciation and Amortization</b>	<b>\$3,973,806</b>	<b>\$3,574,898</b>	<b>(\$398,908)</b>	<b>-10%</b>
<b>F. Bad Debts:</b>					
1	Bad Debts	\$6,998,451	\$6,738,669	(\$259,782)	-4%
<b>G. Interest Expense:</b>					
1	Interest Expense	\$280,961	\$230,967	(\$49,994)	-18%
<b>H. Malpractice Insurance Cost:</b>					
1	Malpractice Insurance Cost	\$1,524,271	\$1,306,068	(\$218,203)	-14%
<b>I. Utilities:</b>					
1	Water	\$60,420	\$67,362	\$6,942	11%
2	Natural Gas	\$454,680	\$434,036	(\$20,644)	-5%
3	Oil	\$33,206	\$7,243	(\$25,963)	-78%
4	Electricity	\$1,057,250	\$1,119,777	\$62,527	6%
5	Telephone	\$69,045	\$75,115	\$6,070	9%
6	Other Utilities	\$38,794	\$46,255	\$7,461	19%
	<b>Total Utilities</b>	<b>\$1,713,395</b>	<b>\$1,749,788</b>	<b>\$36,393</b>	<b>2%</b>
<b>J. Business Expenses:</b>					
1	Accounting Fees	\$118,524	\$152,065	\$33,541	28%
2	Legal Fees	\$126,276	\$79,422	(\$46,854)	-37%
3	Consulting Fees	\$315,428	\$458,660	\$143,232	45%
4	Dues and Membership	\$193,914	\$201,990	\$8,076	4%
5	Equipment Leases	\$222,618	\$220,500	(\$2,118)	-1%
6	Building Leases	\$128,331	\$133,589	\$5,258	4%
7	Repairs and Maintenance	\$293,939	\$408,363	\$114,424	39%
8	Insurance	\$239,368	\$211,121	(\$28,247)	-12%
9	Travel	\$19,115	\$18,029	(\$1,086)	-6%
10	Conferences	\$29,999	\$11,585	(\$18,414)	-61%
11	Property Tax	\$0	\$0	\$0	0%
12	General Supplies	\$1,847,777	\$1,415,187	(\$432,590)	-23%
13	Licenses and Subscriptions	\$112,144	\$140,277	\$28,133	25%
14	Postage and Shipping	\$48,956	\$45,732	(\$3,224)	-7%
15	Advertising	\$155,479	\$93,721	(\$61,758)	-40%
16	Other Business Expenses	\$3,988,027	\$3,982,124	(\$5,903)	0%
	<b>Total Business Expenses</b>	<b>\$7,839,895</b>	<b>\$7,572,365</b>	<b>(\$267,530)</b>	<b>-3%</b>

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$1,717,331	\$1,639,427	(\$77,904)	-5%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$88,487,473</b>	<b>\$86,047,738</b>	<b>(\$2,439,735)</b>	<b>-3%</b>
	<b>*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				
<b>II.</b>	<b>OPERATING EXPENSE BY DEPARTMENT</b>				
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$2,312,432	\$2,304,717	(\$7,715)	0%
2	General Accounting	\$791,366	\$609,156	(\$182,210)	-23%
3	Patient Billing & Collection	\$1,730,839	\$1,752,076	\$21,237	1%
4	Admitting / Registration Office	\$708,612	\$717,717	\$9,105	1%
5	Data Processing	\$1,532,804	\$2,375,652	\$842,848	55%
6	Communications	\$535,459	\$360,447	(\$175,012)	-33%
7	Personnel	\$419,684	\$343,691	(\$75,993)	-18%
8	Public Relations	\$253,775	\$143,099	(\$110,676)	-44%
9	Purchasing	\$344,641	\$203,312	(\$141,329)	-41%
10	Dietary and Cafeteria	\$2,477,607	\$1,712,297	(\$765,310)	-31%
11	Housekeeping	\$1,574,723	\$1,207,563	(\$367,160)	-23%
12	Laundry & Linen	\$150,895	\$42,954	(\$107,941)	-72%
13	Operation of Plant	\$3,005,955	\$3,517,772	\$511,817	17%
14	Security	\$265,425	\$252,070	(\$13,355)	-5%
15	Repairs and Maintenance	\$1,170,546	\$808,528	(\$362,018)	-31%
16	Central Sterile Supply	\$446,730	\$369,318	(\$77,412)	-17%
17	Pharmacy Department	\$3,162,595	\$2,468,833	(\$693,762)	-22%
18	Other General Services	\$10,727,590	\$16,241,620	\$5,514,030	51%
	<b>Total General Services</b>	<b>\$31,611,678</b>	<b>\$35,430,822</b>	<b>\$3,819,144</b>	<b>12%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$844,711	\$708,660	(\$136,051)	-16%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,728,828	\$1,299,161	(\$429,667)	-25%
4	Medical Records	\$1,340,597	\$1,223,821	(\$116,776)	-9%
5	Social Service	\$445,418	\$328,011	(\$117,407)	-26%
6	Other Professional Services	\$0	\$0	\$0	0%
	<b>Total Professional Services</b>	<b>\$4,359,554</b>	<b>\$3,559,653</b>	<b>(\$799,901)</b>	<b>-18%</b>
<b>C.</b>	<b>Special Services:</b>				
1	Operating Room	\$2,517,466	\$2,195,825	(\$321,641)	-13%
2	Recovery Room	\$637,396	\$450,338	(\$187,058)	-29%
3	Anesthesiology	\$184,054	\$152,066	(\$31,988)	-17%
4	Delivery Room	\$280,487	\$203,647	(\$76,840)	-27%
5	Diagnostic Radiology	\$3,816,866	\$3,769,278	(\$47,588)	-1%
6	Diagnostic Ultrasound	\$646,174	\$422,721	(\$223,453)	-35%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$0	\$0	\$0	0%
9	CT Scan	\$806,080	\$642,177	(\$163,903)	-20%
10	Laboratory	\$5,073,334	\$4,926,024	(\$147,310)	-3%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$319,257	\$242,510	(\$76,747)	-24%
14	Electroencephalography	\$24,994	\$17,672	(\$7,322)	-29%
15	Occupational Therapy	\$125,396	\$93,972	(\$31,424)	-25%
16	Speech Pathology	\$35,535	\$23,473	(\$12,062)	-34%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$1,368,099	\$912,404	(\$455,695)	-33%
19	Pulmonary Function	\$184,382	\$161,553	(\$22,829)	-12%
20	Intravenous Therapy	\$1,197,619	\$1,482,952	\$285,333	24%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$8,954,858	\$8,888,169	(\$66,689)	-1%
25	MRI	\$504,784	\$406,277	(\$98,507)	-20%

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2009 ACTUAL</b>	<b>FY 2010 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
26	PET Scan	\$107,436	\$89,360	(\$18,076)	-17%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$703,242	\$616,383	(\$86,859)	-12%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$361,389	\$350,250	(\$11,139)	-3%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$7,385,980	\$8,856,237	\$1,470,257	20%
	<b>Total Special Services</b>	<b>\$35,234,828</b>	<b>\$34,903,288</b>	<b>(\$331,540)</b>	<b>-1%</b>
<b>D.</b>	<b><u>Routine Services:</u></b>				
1	Medical & Surgical Units	\$9,867,510	\$7,085,788	(\$2,781,722)	-28%
2	Intensive Care Unit	\$3,262,030	\$2,489,688	(\$772,342)	-24%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,308,027	\$977,506	(\$330,521)	-25%
7	Newborn Nursery Unit	\$1,308,027	\$977,506	(\$330,521)	-25%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,535,819	\$623,487	(\$912,332)	-59%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$0	\$0	\$0	0%
	<b>Total Routine Services</b>	<b>\$17,281,413</b>	<b>\$12,153,975</b>	<b>(\$5,127,438)</b>	<b>-30%</b>
<b>E.</b>	<b><u>Other Departments:</u></b>				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$88,487,473</b>	<b>\$86,047,738</b>	<b>(\$2,439,735)</b>	<b>-3%</b>
	<b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

<b>MILFORD HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$83,253,020	\$ 82,468,718	\$78,229,898
2	Other Operating Revenue	974,502	1,109,354	1,165,893
3	Total Operating Revenue	\$84,227,522	\$83,578,072	\$79,395,791
4	Total Operating Expenses	85,362,191	88,487,473	86,047,738
5	Income/(Loss) From Operations	(\$1,134,669)	(\$4,909,401)	(\$6,651,947)
6	Total Non-Operating Revenue	(3,919,816)	1,282,609	2,825,570
7	Excess/(Deficiency) of Revenue Over Expenses	(\$5,054,485)	(\$3,626,792)	(\$3,826,377)
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	-1.41%	-5.79%	-8.09%
2	Hospital Non Operating Margin	-4.88%	1.51%	3.44%
3	Hospital Total Margin	-6.29%	-4.27%	-4.65%
4	Income/(Loss) From Operations	(\$1,134,669)	(\$4,909,401)	(\$6,651,947)
5	Total Operating Revenue	\$84,227,522	\$83,578,072	\$79,395,791
6	Total Non-Operating Revenue	(\$3,919,816)	\$1,282,609	\$2,825,570
7	Total Revenue	\$80,307,706	\$84,860,681	\$82,221,361
8	Excess/(Deficiency) of Revenue Over Expenses	(\$5,054,485)	(\$3,626,792)	(\$3,826,377)
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$47,584,605	\$36,805,806	\$25,485,476
2	Hospital Total Net Assets	\$48,780,238	\$38,098,899	\$26,811,974
3	Hospital Change in Total Net Assets	(\$9,666,781)	(\$10,681,339)	(\$11,286,925)
4	Hospital Change in Total Net Assets %	83.5%	-21.9%	-29.6%
<b>D. <u>Cost Data Summary</u></b>				
1	<b><u>Ratio of Cost to Charges</u></b>	<b>0.38</b>	<b>0.40</b>	<b>0.42</b>
2	Total Operating Expenses	\$85,362,191	\$88,487,473	\$86,047,738
3	Total Gross Revenue	\$222,377,754	\$219,139,563	\$204,296,146
4	Total Other Operating Revenue	\$702,596	\$749,027	\$779,865
5	<b><u>Private Payment to Cost Ratio</u></b>	<b>1.14</b>	<b>1.07</b>	<b>1.02</b>
6	Total Non-Government Payments	\$39,245,547	\$38,100,291	\$35,481,811
7	Total Uninsured Payments	\$1,754,938	\$650,525	\$343,268
8	Total Non-Government Charges	\$93,001,708	\$95,067,210	\$87,922,426
9	Total Uninsured Charges	\$6,782,024	\$7,810,453	\$5,706,970

<b>MILFORD HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.79</b>	<b>0.75</b>	<b>0.74</b>
11	Total Medicare Payments	\$34,013,967	\$31,844,438	\$30,416,739
12	Total Medicare Charges	\$111,846,658	\$105,436,174	\$98,012,518
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.52</b>	<b>0.53</b>	<b>0.54</b>
14	Total Medicaid Payments	\$3,375,474	\$3,289,737	\$4,005,840
15	Total Medicaid Charges	\$17,117,766	\$15,484,541	\$17,526,241
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$1,928,106</b>	<b>\$2,865,432</b>	<b>\$2,952,944</b>
17	Charity Care	\$165,221	\$122,057	\$299,029
18	Bad Debts	\$4,873,574	\$6,998,451	\$6,738,669
19	Total Uncompensated Care	\$5,038,795	\$7,120,508	\$7,037,698
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>2.3%</b>	<b>3.2%</b>	<b>3.4%</b>
21	Total Operating Expenses	\$85,362,191	\$88,487,473	\$86,047,738
<b>E. <u>Liquidity Measures Summary</u></b>				
<b>1</b>	<b><u>Current Ratio</u></b>	<b>1.07</b>	<b>1.01</b>	<b>0.95</b>
2	Total Current Assets	\$17,111,169	\$16,942,905	\$14,844,888
3	Total Current Liabilities	\$16,033,559	\$16,778,418	\$15,681,861
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>7</b>	<b>6</b>	<b>2</b>
5	Cash and Cash Equivalents	\$1,243,133	\$1,078,653	\$303,667
6	Short Term Investments	218,753	221,990	223,228
7	Total Cash and Short Term Investments	\$1,461,886	\$1,300,643	\$526,895
8	Total Operating Expenses	\$85,362,191	\$88,487,473	\$86,047,738
9	Depreciation Expense	\$3,977,866	\$3,973,806	\$3,574,898
10	Operating Expenses less Depreciation Expense	\$81,384,325	\$84,513,667	\$82,472,840

<b>MILFORD HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>48.90</b>	<b>49.41</b>	<b>48.25</b>
12	Net Patient Accounts Receivable	\$ 13,366,597	\$ 13,535,241	\$ 12,226,798
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$2,213,360	\$2,372,068	\$1,885,402
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 11,153,237	\$ 11,163,173	\$ 10,341,396
16	Total Net Patient Revenue	\$83,253,020	\$ 82,468,718	\$ 78,229,898
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>71.91</b>	<b>72.46</b>	<b>69.40</b>
18	Total Current Liabilities	\$16,033,559	\$16,778,418	\$15,681,861
19	Total Operating Expenses	\$85,362,191	\$88,487,473	\$86,047,738
20	Depreciation Expense	\$3,977,866	\$3,973,806	\$3,574,898
21	Total Operating Expenses less Depreciation Expense	\$81,384,325	\$84,513,667	\$82,472,840
<b>F. <u>Solvency Measures Summary</u></b>				
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>58.1</b>	<b>47.9</b>	<b>37.1</b>
2	Total Net Assets	\$48,780,238	\$38,098,899	\$26,811,974
3	Total Assets	\$83,963,236	\$79,520,166	\$72,305,096
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>(5.5)</b>	<b>1.8</b>	<b>(1.4)</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$5,054,485)	(\$3,626,792)	(\$3,826,377)
6	Depreciation Expense	\$3,977,866	\$3,973,806	\$3,574,898
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$1,076,619)	\$347,014	(\$251,479)
8	Total Current Liabilities	\$16,033,559	\$16,778,418	\$15,681,861
9	Total Long Term Debt	\$3,617,035	\$2,783,548	\$1,891,051
10	Total Current Liabilities and Total Long Term Debt	\$19,650,594	\$19,561,966	\$17,572,912
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>6.9</b>	<b>6.8</b>	<b>6.6</b>
12	Total Long Term Debt	\$3,617,035	\$2,783,548	\$1,891,051
13	Total Net Assets	\$48,780,238	\$38,098,899	\$26,811,974
14	Total Long Term Debt and Total Net Assets	\$52,397,273	\$40,882,447	\$28,703,025
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>(2.2)</b>	<b>0.6</b>	<b>(0.0)</b>
16	Excess Revenues over Expenses	(\$5,054,485)	(\$3,626,792)	(\$3,826,377)
17	Interest Expense	\$337,777	\$280,961	\$230,967
18	Depreciation and Amortization Expense	\$3,977,866	\$3,973,806	\$3,574,898
19	Principal Payments	\$0	\$778,379	\$833,487

<b>MILFORD HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>G. <u>Other Financial Ratios</u></b>				
<b>20</b>	<b><u>Average Age of Plant</u></b>	<b>10.1</b>	<b>10.7</b>	<b>12.9</b>
21	Accumulated Depreciation	\$40,332,380	\$42,570,348	\$45,954,913
22	Depreciation and Amortization Expense	\$3,977,866	\$3,973,806	\$3,574,898
<b>H. <u>Utilization Measures Summary</u></b>				
1	Patient Days	21,629	20,370	17,708
2	Discharges	4,935	4,800	4,540
3	ALOS	4.4	4.2	3.9
4	Staffed Beds	61	59	51
5	Available Beds	-	118	118
6	Licensed Beds	118	118	118
6	Occupancy of Staffed Beds	97.1%	94.6%	95.1%
7	Occupancy of Available Beds	50.2%	47.3%	41.1%
8	Full Time Equivalent Employees	560.0	547.9	524.0
<b>I. <u>Hospital Gross Revenue Payer Mix Percentage</u></b>				
1	Non-Government Gross Revenue Payer Mix Percentage	38.8%	39.8%	40.2%
2	Medicare Gross Revenue Payer Mix Percentage	50.3%	48.1%	48.0%
3	Medicaid Gross Revenue Payer Mix Percentage	7.7%	7.1%	8.6%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.1%	1.3%	0.2%
5	Uninsured Gross Revenue Payer Mix Percentage	3.0%	3.6%	2.8%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.2%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$86,219,684	\$87,256,757	\$82,215,456
9	Medicare Gross Revenue (Charges)	\$111,846,658	\$105,436,174	\$98,012,518
10	Medicaid Gross Revenue (Charges)	\$17,117,766	\$15,484,541	\$17,526,241
11	Other Medical Assistance Gross Revenue (Charges)	\$139,615	\$2,871,352	\$469,527
12	Uninsured Gross Revenue (Charges)	\$6,782,024	\$7,810,453	\$5,706,970
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$272,007	\$280,286	\$365,434
14	Total Gross Revenue (Charges)	\$222,377,754	\$219,139,563	\$204,296,146
<b>J. <u>Hospital Net Revenue Payer Mix Percentage</u></b>				
1	Non-Government Net Revenue Payer Mix Percentage	48.8%	50.8%	50.2%
2	Medicare Net Revenue Payer Mix Percentage	44.3%	43.2%	43.4%
3	Medicaid Net Revenue Payer Mix Percentage	4.4%	4.5%	5.7%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.1%	0.4%	0.1%
5	Uninsured Net Revenue Payer Mix Percentage	2.3%	0.9%	0.5%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.2%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%

<b>MILFORD HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
8	Non-Government Net Revenue (Payments)	\$37,490,609	\$37,449,766	\$35,138,543
9	Medicare Net Revenue (Payments)	\$34,013,967	\$31,844,438	\$30,416,739
10	Medicaid Net Revenue (Payments)	\$3,375,474	\$3,289,737	\$4,005,840
11	Other Medical Assistance Net Revenue (Payments)	\$61,166	\$303,273	\$61,752
12	Uninsured Net Revenue (Payments)	\$1,754,938	\$650,525	\$343,268
13	CHAMPUS / TRICARE Net Revenue Payments)	\$111,588	\$113,543	\$95,626
14	Total Net Revenue (Payments)	\$76,807,742	\$73,651,282	\$70,061,768
<b>K. Discharges</b>				
1	Non-Government (Including Self Pay / Uninsured)	1,879	1,930	1,753
2	Medicare	2,632	2,423	2,362
3	Medical Assistance	416	444	413
4	Medicaid	414	417	406
5	Other Medical Assistance	2	27	7
6	CHAMPUS / TRICARE	8	3	12
7	Uninsured (Included In Non-Government)	116	99	79
8	Total	4,935	4,800	4,540
<b>L. Case Mix Index</b>				
1	Non-Government (Including Self Pay / Uninsured)	1.057500	1.064680	1.139640
2	Medicare	1.453000	1.570500	1.505800
3	Medical Assistance	0.917463	0.845794	0.908838
4	Medicaid	0.917900	0.823450	0.904850
5	Other Medical Assistance	0.827200	1.190890	1.140180
6	CHAMPUS / TRICARE	0.959870	0.518950	0.712440
7	Uninsured (Included In Non-Government)	1.041700	1.117230	1.008550
8	Total Case Mix Index	1.256470	1.299425	1.308015
<b>M. Emergency Department Visits</b>				
1	Emergency Room - Treated and Admitted	3,138	3,033	3,143
2	Emergency Room - Treated and Discharged	35,844	36,913	35,049
3	Total Emergency Room Visits	38,982	39,946	38,192

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$176,756	\$176,756	0%
2	Inpatient Payments	\$0	\$77,556	\$77,556	0%
3	Outpatient Charges	\$0	\$116,441	\$116,441	0%
4	Outpatient Payments	\$0	\$42,004	\$42,004	0%
5	Discharges	0	5	5	0%
6	Patient Days	0	16	16	0%
7	Outpatient Visits (Excludes ED Visits)	0	30	30	0%
8	Emergency Department Outpatient Visits	0	20	20	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$293,197</b>	<b>\$293,197</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$119,560</b>	<b>\$119,560</b>	<b>0%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$679,765	\$1,287,087	\$607,322	89%
2	Inpatient Payments	\$312,049	\$448,466	\$136,417	44%
3	Outpatient Charges	\$408,747	\$494,298	\$85,551	21%
4	Outpatient Payments	\$112,390	\$114,912	\$2,522	2%
5	Discharges	27	33	6	22%
6	Patient Days	104	139	35	34%
7	Outpatient Visits (Excludes ED Visits)	129	142	13	10%
8	Emergency Department Outpatient Visits	68	91	23	34%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,088,512</b>	<b>\$1,781,385</b>	<b>\$692,873</b>	<b>64%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$424,439</b>	<b>\$563,378</b>	<b>\$138,939</b>	<b>33%</b>

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$14,332,609	\$14,010,834	(\$321,775)	-2%
2	Inpatient Payments	\$4,639,506	\$4,486,502	(\$153,004)	-3%
3	Outpatient Charges	\$5,981,771	\$6,087,394	\$105,623	2%
4	Outpatient Payments	\$1,327,508	\$1,451,260	\$123,752	9%
5	Discharges	452	492	40	9%
6	Patient Days	2,102	2,072	(30)	-1%
7	Outpatient Visits (Excludes ED Visits)	4,370	4,316	(54)	-1%
8	Emergency Department Outpatient Visits	989	996	7	1%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$20,314,380</b>	<b>\$20,098,228</b>	<b>(\$216,152)</b>	<b>-1%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$5,967,014</b>	<b>\$5,937,762</b>	<b>(\$29,252)</b>	<b>0%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$1,979,921	\$1,180,174	(\$799,747)	-40%
2	Inpatient Payments	\$570,795	\$355,126	(\$215,669)	-38%
3	Outpatient Charges	\$762,320	\$517,875	(\$244,445)	-32%
4	Outpatient Payments	\$178,035	\$118,061	(\$59,974)	-34%
5	Discharges	62	34	(28)	-45%
6	Patient Days	295	180	(115)	-39%
7	Outpatient Visits (Excludes ED Visits)	222	130	(92)	-41%
8	Emergency Department Outpatient Visits	185	132	(53)	-29%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,742,241</b>	<b>\$1,698,049</b>	<b>(\$1,044,192)</b>	<b>-38%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$748,830</b>	<b>\$473,187</b>	<b>(\$275,643)</b>	<b>-37%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$683,386	\$1,087,681	\$404,295	59%
2	Inpatient Payments	\$102,197	\$247,774	\$145,577	142%
3	Outpatient Charges	\$349,657	\$477,556	\$127,899	37%
4	Outpatient Payments	\$231,781	\$224,952	(\$6,829)	-3%
5	Discharges	21	35	14	67%
6	Patient Days	114	169	55	48%
7	Outpatient Visits (Excludes ED Visits)	106	148	42	40%
8	Emergency Department Outpatient Visits	54	79	25	46%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,033,043</b>	<b>\$1,565,237</b>	<b>\$532,194</b>	<b>52%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$333,978</b>	<b>\$472,726</b>	<b>\$138,748</b>	<b>42%</b>

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$37,008	\$37,008	0%
2	Inpatient Payments	\$0	\$9,560	\$9,560	0%
3	Outpatient Charges	\$0	\$12,799	\$12,799	0%
4	Outpatient Payments	\$0	\$2,900	\$2,900	0%
5	Discharges	0	1	1	0%
6	Patient Days	0	5	5	0%
7	Outpatient Visits (Excludes ED Visits)	0	4	4	0%
8	Emergency Department Outpatient Visits	0	4	4	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$49,807</b>	<b>\$49,807</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$12,460</b>	<b>\$12,460</b>	<b>0%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$0	\$247,648	\$247,648	0%
2	Inpatient Payments	\$0	\$109,056	\$109,056	0%
3	Outpatient Charges	\$0	\$122,355	\$122,355	0%
4	Outpatient Payments	\$0	\$66,819	\$66,819	0%
5	Discharges	0	7	7	0%
6	Patient Days	0	24	24	0%
7	Outpatient Visits (Excludes ED Visits)	0	43	43	0%
8	Emergency Department Outpatient Visits	0	11	11	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$370,003</b>	<b>\$370,003</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$175,875</b>	<b>\$175,875</b>	<b>0%</b>

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
1	Inpatient Charges	\$0	\$65,341	\$65,341	0%
2	Inpatient Payments	\$0	\$18,102	\$18,102	0%
3	Outpatient Charges	\$0	\$17,593	\$17,593	0%
4	Outpatient Payments	\$0	\$2,606	\$2,606	0%
5	Discharges	0	5	5	0%
6	Patient Days	0	5	5	0%
7	Outpatient Visits (Excludes ED Visits)	0	3	3	0%
8	Emergency Department Outpatient Visits	0	5	5	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$82,934</b>	<b>\$82,934</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$20,708</b>	<b>\$20,708</b>	<b>0%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M. UNIVERSAL AMERICAN</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
1	Inpatient Charges	\$0	\$112,047	\$112,047	0%
2	Inpatient Payments	\$0	\$64,096	\$64,096	0%
3	Outpatient Charges	\$0	\$58,353	\$58,353	0%
4	Outpatient Payments	\$0	\$22,684	\$22,684	0%
5	Discharges	0	3	3	0%
6	Patient Days	0	22	22	0%
7	Outpatient Visits (Excludes ED Visits)	0	9	9	0%
8	Emergency Department Outpatient Visits	0	17	17	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$170,400</b>	<b>\$170,400</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$86,780</b>	<b>\$86,780</b>	<b>0%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$17,675,681</b>	<b>\$18,204,576</b>	<b>\$528,895</b>	<b>3%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$5,624,547</b>	<b>\$5,816,238</b>	<b>\$191,691</b>	<b>3%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$7,502,495</b>	<b>\$7,904,664</b>	<b>\$402,169</b>	<b>5%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$1,849,714</b>	<b>\$2,046,198</b>	<b>\$196,484</b>	<b>11%</b>
	<b>TOTAL DISCHARGES</b>	<b>562</b>	<b>615</b>	<b>53</b>	<b>9%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>2,615</b>	<b>2,632</b>	<b>17</b>	<b>1%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>4,827</b>	<b>4,825</b>	<b>(2)</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>1,296</b>	<b>1,355</b>	<b>59</b>	<b>5%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$25,178,176</b>	<b>\$26,109,240</b>	<b>\$931,064</b>	<b>4%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$7,474,261</b>	<b>\$7,862,436</b>	<b>\$388,175</b>	<b>5%</b>

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$1,589,061	\$1,389,132	(\$199,929)	-13%
2	Inpatient Payments	\$588,129	\$471,589	(\$116,540)	-20%
3	Outpatient Charges	\$2,921,695	\$3,857,420	\$935,725	32%
4	Outpatient Payments	\$813,617	\$1,152,597	\$338,980	42%
5	Discharges	191	156	(35)	-18%
6	Patient Days	545	432	(113)	-21%
7	Outpatient Visits (Excludes ED Visits)	733	898	165	23%
8	Emergency Department Outpatient Visits	2,142	2,690	548	26%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,510,756</b>	<b>\$5,246,552</b>	<b>\$735,796</b>	<b>16%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,401,746</b>	<b>\$1,624,186</b>	<b>\$222,440</b>	<b>16%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$738,992	\$361,397	(\$377,595)	-51%
2	Inpatient Payments	\$172,893	\$102,163	(\$70,730)	-41%
3	Outpatient Charges	\$1,544,678	\$954,285	(\$590,393)	-38%
4	Outpatient Payments	\$368,716	\$236,880	(\$131,836)	-36%
5	Discharges	63	40	(23)	-37%
6	Patient Days	199	106	(93)	-47%
7	Outpatient Visits (Excludes ED Visits)	385	267	(118)	-31%
8	Emergency Department Outpatient Visits	1,097	658	(439)	-40%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,283,670</b>	<b>\$1,315,682</b>	<b>(\$967,988)</b>	<b>-42%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$541,609</b>	<b>\$339,043</b>	<b>(\$202,566)</b>	<b>-37%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>G. UNITED HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H. AETNA</b>					
1	Inpatient Charges	\$1,163,018	\$963,915	(\$199,103)	-17%
2	Inpatient Payments	\$152,651	\$233,259	\$80,608	53%
3	Outpatient Charges	\$1,626,524	\$2,314,823	\$688,299	42%
4	Outpatient Payments	\$424,729	\$597,146	\$172,417	41%
5	Discharges	56	76	20	36%
6	Patient Days	221	231	10	5%
7	Outpatient Visits (Excludes ED Visits)	241	728	487	202%
8	Emergency Department Outpatient Visits	1,242	1,563	321	26%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,789,542</b>	<b>\$3,278,738</b>	<b>\$489,196</b>	<b>18%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$577,380</b>	<b>\$830,405</b>	<b>\$253,025</b>	<b>44%</b>
<b>II. TOTAL MEDICAID MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$3,491,071</b>	<b>\$2,714,444</b>	<b>(\$776,627)</b>	<b>-22%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$913,673</b>	<b>\$807,011</b>	<b>(\$106,662)</b>	<b>-12%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$6,092,897</b>	<b>\$7,126,528</b>	<b>\$1,033,631</b>	<b>17%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$1,607,062</b>	<b>\$1,986,623</b>	<b>\$379,561</b>	<b>24%</b>
	<b>TOTAL DISCHARGES</b>	<b>310</b>	<b>272</b>	<b>(38)</b>	<b>-12%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>965</b>	<b>769</b>	<b>(196)</b>	<b>-20%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>1,359</b>	<b>1,893</b>	<b>534</b>	<b>39%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>4,481</b>	<b>4,911</b>	<b>430</b>	<b>10%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$9,583,968</b>	<b>\$9,840,972</b>	<b>\$257,004</b>	<b>3%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,520,735</b>	<b>\$2,793,634</b>	<b>\$272,899</b>	<b>11%</b>

<b>MILFORD HEALTH &amp; MEDICAL, INC.</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2009 ACTUAL</b>	<b>FY 2010 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>I. ASSETS</b>					
<b>A. Current Assets:</b>					
1	Cash and Cash Equivalents	\$2,724,153	\$2,195,638	(\$528,515)	-19%
2	Short Term Investments	\$223,553	\$224,820	\$1,267	1%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$14,042,585	\$12,871,074	(\$1,171,511)	-8%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$778,225	\$748,785	(\$29,440)	-4%
8	Prepaid Expenses	\$662,081	\$669,748	\$7,667	1%
9	Other Current Assets	\$807,960	\$755,181	(\$52,779)	-7%
	<b>Total Current Assets</b>	<b>\$19,238,557</b>	<b>\$17,465,246</b>	<b>(\$1,773,311)</b>	<b>-9%</b>
<b>B. Noncurrent Assets Whose Use is Limited:</b>					
1	Held by Trustee	\$682,345	\$722,904	\$40,559	6%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$1,060,894	\$1,076,481	\$15,587	1%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$1,743,239</b>	<b>\$1,799,385</b>	<b>\$56,146</b>	<b>3%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$30,095,058	\$28,261,217	(\$1,833,841)	-6%
7	Other Noncurrent Assets	\$738,469	\$1,030,708	\$292,239	40%
<b>C. Net Fixed Assets:</b>					
1	Property, Plant and Equipment	\$81,442,041	\$82,395,451	\$953,410	1%
2	Less: Accumulated Depreciation	\$43,438,546	\$47,013,853	\$3,575,307	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$38,003,495</b>	<b>\$35,381,598</b>	<b>(\$2,621,897)</b>	<b>-7%</b>
3	Construction in Progress	\$984,240	\$4,823,678	\$3,839,438	390%
	<b>Total Net Fixed Assets</b>	<b>\$38,987,735</b>	<b>\$40,205,276</b>	<b>\$1,217,541</b>	<b>3%</b>
	<b>Total Assets</b>	<b>\$90,803,058</b>	<b>\$88,761,832</b>	<b>(\$2,041,226)</b>	<b>-2%</b>

<b>MILFORD HEALTH &amp; MEDICAL, INC.</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$4,428,033	\$4,615,591	\$187,558	4%
2	Salaries, Wages and Payroll Taxes	\$6,529,676	\$6,091,816	(\$437,860)	-7%
3	Due To Third Party Payers	\$2,496,124	\$1,977,820	(\$518,304)	-21%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$922,016	\$892,497	(\$29,519)	-3%
7	Other Current Liabilities	\$3,019,603	\$3,191,714	\$172,111	6%
	<b>Total Current Liabilities</b>	<b>\$17,395,452</b>	<b>\$16,769,438</b>	<b>(\$626,014)</b>	<b>-4%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$4,988,931	\$7,257,480	\$2,268,549	45%
	<b>Total Long Term Debt</b>	<b>\$4,988,931</b>	<b>\$7,257,480</b>	<b>\$2,268,549</b>	<b>45%</b>
3	Accrued Pension Liability	\$20,708,832	\$26,780,814	\$6,071,982	29%
4	Other Long Term Liabilities	\$1,150,469	\$1,139,396	(\$11,073)	-1%
	<b>Total Long Term Liabilities</b>	<b>\$26,848,232</b>	<b>\$35,177,690</b>	<b>\$8,329,458</b>	<b>31%</b>
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$45,266,281	\$35,488,206	(\$9,778,075)	-22%
2	Temporarily Restricted Net Assets	\$689,851	\$716,206	\$26,355	4%
3	Permanently Restricted Net Assets	\$603,242	\$610,292	\$7,050	1%
	<b>Total Net Assets</b>	<b>\$46,559,374</b>	<b>\$36,814,704</b>	<b>(\$9,744,670)</b>	<b>-21%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$90,803,058</b>	<b>\$88,761,832</b>	<b>(\$2,041,226)</b>	<b>-2%</b>

<b>MILFORD HEALTH &amp; MEDICAL, INC.</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>A. <u>Operating Revenue:</u></b>					
1	Total Gross Patient Revenue	\$226,745,692	\$211,623,155	(\$15,122,537)	-7%
2	Less: Allowances	\$138,856,924	\$127,529,663	(\$11,327,261)	-8%
3	Less: Charity Care	\$122,057	\$299,029	\$176,972	145%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$87,766,711</b>	<b>\$83,794,463</b>	<b>(\$3,972,248)</b>	<b>-5%</b>
5	Other Operating Revenue	\$1,545,977	\$1,669,876	\$123,899	8%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	<b>Total Operating Revenue</b>	<b>\$89,312,688</b>	<b>\$85,464,339</b>	<b>(\$3,848,349)</b>	<b>-4%</b>
<b>B. <u>Operating Expenses:</u></b>					
1	Salaries and Wages	\$41,201,570	\$41,093,039	(\$108,531)	0%
2	Fringe Benefits	\$14,820,373	\$15,388,786	\$568,413	4%
3	Physicians Fees	\$621,077	\$262,888	(\$358,189)	-58%
4	Supplies and Drugs	\$12,542,961	\$11,011,697	(\$1,531,264)	-12%
5	Depreciation and Amortization	\$4,163,603	\$3,771,551	(\$392,052)	-9%
6	Bad Debts	\$8,267,261	\$7,969,130	(\$298,131)	-4%
7	Interest	\$418,291	\$321,450	(\$96,841)	-23%
8	Malpractice	\$1,524,271	\$1,306,068	(\$218,203)	-14%
9	Other Operating Expenses	\$12,655,620	\$12,285,975	(\$369,645)	-3%
	<b>Total Operating Expenses</b>	<b>\$96,215,027</b>	<b>\$93,410,584</b>	<b>(\$2,804,443)</b>	<b>-3%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$6,902,339)</b>	<b>(\$7,946,245)</b>	<b>(\$1,043,906)</b>	<b>15%</b>
<b>C. <u>Non-Operating Revenue:</u></b>					
1	Income from Investments	(\$1,692,932)	\$2,341,183	\$4,034,115	-238%
2	Gifts, Contributions and Donations	\$355,631	\$266,708	(\$88,923)	-25%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	<b>Total Non-Operating Revenue</b>	<b>(\$1,337,301)</b>	<b>\$2,607,891</b>	<b>\$3,945,192</b>	<b>-295%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$8,239,640)</b>	<b>(\$5,338,354)</b>	<b>\$2,901,286</b>	<b>-35%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$3,551,963	\$1,110,476	(\$2,441,487)	-69%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$3,551,963</b>	<b>\$1,110,476</b>	<b>(\$2,441,487)</b>	<b>-69%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$4,687,677)</b>	<b>(\$4,227,878)</b>	<b>\$459,799</b>	<b>-10%</b>

<b>MILFORD HEALTH &amp; MEDICAL, INC.</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
<b>A. <u>Parent Corporation Statement of Operations Summary</u></b>				
1	Net Patient Revenue	\$88,202,602	\$87,766,711	\$83,794,463
2	Other Operating Revenue	1,359,817	1,545,977	1,669,876
3	Total Operating Revenue	\$89,562,419	\$89,312,688	\$85,464,339
4	Total Operating Expenses	92,910,297	96,215,027	93,410,584
5	Income/(Loss) From Operations	(\$3,347,878)	(\$6,902,339)	(\$7,946,245)
6	Total Non-Operating Revenue	(2,920,902)	2,214,662	3,718,367
7	Excess/(Deficiency) of Revenue Over Expenses	(\$6,268,780)	(\$4,687,677)	(\$4,227,878)
<b>B. <u>Parent Corporation Profitability Summary</u></b>				
1	Parent Corporation Operating Margin	-3.86%	-7.54%	-8.91%
2	Parent Corporation Non-Operating Margin	-3.37%	2.42%	4.17%
3	Parent Corporation Total Margin	-7.24%	-5.12%	-4.74%
4	Income/(Loss) From Operations	(\$3,347,878)	(\$6,902,339)	(\$7,946,245)
5	Total Operating Revenue	\$89,562,419	\$89,312,688	\$85,464,339
6	Total Non-Operating Revenue	(\$2,920,902)	\$2,214,662	\$3,718,367
7	Total Revenue	\$86,641,517	\$91,527,350	\$89,182,706
8	Excess/(Deficiency) of Revenue Over Expenses	(\$6,268,780)	(\$4,687,677)	(\$4,227,878)
<b>C. <u>Parent Corporation Net Assets Summary</u></b>				
1	Parent Corporation Unrestricted Net Assets	\$55,437,122	\$45,266,281	\$35,488,206
2	Parent Corporation Total Net Assets	\$56,632,755	\$46,559,374	\$36,814,704
3	Parent Corporation Change in Total Net Assets	(\$9,312,558)	(\$10,073,381)	(\$9,744,670)
4	Parent Corporation Change in Total Net Assets %	85.9%	-17.8%	-20.9%

<b>MILFORD HEALTH &amp; MEDICAL, INC.</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
<b>D.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>1.17</b>	<b>1.11</b>	<b>1.04</b>
2	Total Current Assets	\$19,473,593	\$19,238,557	\$17,465,246
3	Total Current Liabilities	\$16,577,084	\$17,395,452	\$16,769,438
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>14</b>	<b>12</b>	<b>10</b>
5	Cash and Cash Equivalents	\$3,081,116	\$2,724,153	\$2,195,638
6	Short Term Investments	220,277	223,553	224,820
7	Total Cash and Short Term Investments	\$3,301,393	\$2,947,706	\$2,420,458
8	Total Operating Expenses	\$92,910,297	\$96,215,027	\$93,410,584
9	Depreciation Expense	\$4,157,755	\$4,163,603	\$3,771,551
10	Operating Expenses less Depreciation Expense	\$88,752,542	\$92,051,424	\$89,639,033
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>47</b>	<b>48</b>	<b>47</b>
12	Net Patient Accounts Receivable	\$ 13,800,088	\$ 14,042,585	\$ 12,871,074
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$2,323,938	\$2,496,124	\$1,977,820
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 11,476,150	\$ 11,546,461	\$ 10,893,254
16	Total Net Patient Revenue	\$88,202,602	\$87,766,711	\$83,794,463
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>68</b>	<b>69</b>	<b>68</b>
18	Total Current Liabilities	\$16,577,084	\$17,395,452	\$16,769,438
19	Total Operating Expenses	\$92,910,297	\$96,215,027	\$93,410,584
20	Depreciation Expense	\$4,157,755	\$4,163,603	\$3,771,551
21	Total Operating Expenses less Depreciation Expense	\$88,752,542	\$92,051,424	\$89,639,033

<b>MILFORD HEALTH &amp; MEDICAL, INC.</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
<b>E.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>59.8</b>	<b>51.3</b>	<b>41.5</b>
2	Total Net Assets	\$56,632,755	\$46,559,374	\$36,814,704
3	Total Assets	\$94,653,190	\$90,803,058	\$88,761,832
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>(9.4)</b>	<b>(2.3)</b>	<b>(1.9)</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$6,268,780)	(\$4,687,677)	(\$4,227,878)
6	Depreciation Expense	\$4,157,755	\$4,163,603	\$3,771,551
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$2,111,025)	(\$524,074)	(\$456,327)
8	Total Current Liabilities	\$16,577,084	\$17,395,452	\$16,769,438
9	Total Long Term Debt	\$5,910,947	\$4,988,931	\$7,257,480
10	Total Current Liabilities and Total Long Term Debt	\$22,488,031	\$22,384,383	\$24,026,918
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>9.5</b>	<b>9.7</b>	<b>16.5</b>
12	Total Long Term Debt	\$5,910,947	\$4,988,931	\$7,257,480
13	Total Net Assets	\$56,632,755	\$46,559,374	\$36,814,704
14	Total Long Term Debt and Total Net Assets	\$62,543,702	\$51,548,305	\$44,072,184

MILFORD HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2010						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	13,379	37	78	99.1%	47.0%
2	ICU/CCU (Excludes Neonatal ICU)	1,923	6	10	87.8%	52.7%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0.0%	0.0%
	<b>TOTAL PSYCHIATRIC</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0.0%</b>
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	1,199	4	12	82.1%	27.4%
7	Newborn	1,207	4	12	82.7%	27.6%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	0	0	6	0.0%	0.0%
10	Other	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>16,501</b>	<b>47</b>	<b>106</b>	<b>96.2%</b>	<b>42.6%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>17,708</b>	<b>51</b>	<b>118</b>	<b>95.1%</b>	<b>41.1%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>17,708</b>	<b>51</b>	<b>118</b>	<b>95.1%</b>	<b>41.1%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>20,370</b>	<b>59</b>	<b>118</b>	<b>94.6%</b>	<b>47.3%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-2,662</b>	<b>-8</b>	<b>0</b>	<b>0.5%</b>	<b>-6.2%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>-13%</b>	<b>-14%</b>	<b>0%</b>	<b>1%</b>	<b>-13%</b>
	Total Licensed Beds and Bassinets	118				
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>						

<b>MILFORD HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs</b>					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	1,574	1,214	-360	-23%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,006	2,401	-605	-20%
3	Emergency Department Scans	7,715	7,364	-351	-5%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>12,295</b>	<b>10,979</b>	<b>-1,316</b>	<b>-11%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	370	417	47	13%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,186	1,825	-361	-17%
3	Emergency Department Scans	82	91	9	11%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>2,638</b>	<b>2,333</b>	<b>-305</b>	<b>-12%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	1	1	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	84	64	-20	-24%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>84</b>	<b>65</b>	<b>-19</b>	<b>-23%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Linear Accelerator Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Cardiac Catheterization Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	<b>Total Electrophysiology Studies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	1,372	1,226	-146	-11%
2	Outpatient Surgical Procedures	2,222	2,317	95	4%
	<b>Total Surgical Procedures</b>	<b>3,594</b>	<b>3,543</b>	<b>-51</b>	<b>-1%</b>
<b>J. Endoscopy Procedures</b>					

<b>MILFORD HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs</b>					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	325	317	-8	-2%
2	Outpatient Endoscopy Procedures	2,498	2,668	170	7%
	<b>Total Endoscopy Procedures</b>	<b>2,823</b>	<b>2,985</b>	<b>162</b>	<b>6%</b>
<b>K.</b>	<b><u>Hospital Emergency Room Visits</u></b>				
1	Emergency Room Visits: Treated and Admitted	3,033	3,143	110	4%
2	Emergency Room Visits: Treated and Discharged	36,913	35,049	-1,864	-5%
	<b>Total Emergency Room Visits</b>	<b>39,946</b>	<b>38,192</b>	<b>-1,754</b>	<b>-4%</b>
<b>L.</b>	<b><u>Hospital Clinic Visits</u></b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	0	0	0	0%
	<b>Total Hospital Clinic Visits</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>M.</b>	<b><u>Other Hospital Outpatient Visits</u></b>				
1	Rehabilitation (PT/OT/ST)	0	0	0	0%
2	Cardiology	0	0	0	0%
3	Chemotherapy	0	0	0	0%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	32,857	31,089	-1,768	-5%
	<b>Total Other Hospital Outpatient Visits</b>	<b>32,857</b>	<b>31,089</b>	<b>-1,768</b>	<b>-5%</b>
<b>N.</b>	<b><u>Hospital Full Time Equivalent Employees</u></b>				
1	Total Nursing FTEs	206.3	217.4	11.1	5%
2	Total Physician FTEs	20.3	21.2	0.9	4%
3	Total Non-Nursing and Non-Physician FTEs	321.3	285.4	-35.9	-11%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>547.9</b>	<b>524.0</b>	<b>-23.9</b>	<b>-4%</b>

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	xxxx	0	0	0	0%
2	Milford Hospital	2,222	2,317	95	4%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>2,222</b>	<b>2,317</b>	<b>95</b>	<b>4%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Milford Hospital	2,498	2,668	170	7%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>2,498</b>	<b>2,668</b>	<b>170</b>	<b>7%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	MilfHospBostonPostRd WalkIn Ctr	13,278	12,586	-692	-5%
2	Milford Hospital	23,635	22,463	-1,172	-5%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>36,913</b>	<b>35,049</b>	<b>-1,864</b>	<b>-5%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$80,427,776	\$72,726,849	(\$7,700,927)	-10%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$25,602,331	\$24,094,124	(\$1,508,207)	-6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.83%	33.13%	1.30%	4%
4	DISCHARGES	2,423	2,362	(61)	-3%
5	CASE MIX INDEX (CMI)	1.57050	1.50580	(0.06470)	-4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,805.32150	3,556.69960	(248.62190)	-7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,728.03	\$6,774.29	\$46.26	1%
8	PATIENT DAYS	11,854	10,822	(1,032)	-9%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,159.81	\$2,226.40	\$66.60	3%
10	AVERAGE LENGTH OF STAY	4.9	4.6	(0.3)	-6%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$25,008,398	\$25,285,669	\$277,271	1%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$6,242,107	\$6,322,615	\$80,508	1%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.96%	25.00%	0.04%	0%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	31.09%	34.77%	3.67%	12%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	753.41320	821.22010	67.80690	9%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,285.10	\$7,699.05	(\$586.05)	-7%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$105,436,174	\$98,012,518	(\$7,423,656)	-7%
18	TOTAL ACCRUED PAYMENTS	\$31,844,438	\$30,416,739	(\$1,427,699)	-4%
19	TOTAL ALLOWANCES	\$73,591,736	\$67,595,779	(\$5,995,957)	-8%

<b>MILFORD HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT</b>					
<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$40,385,831	\$36,643,492	(\$3,742,339)	-9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$15,819,603	\$14,479,721	(\$1,339,882)	-8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.17%	39.52%	0.34%	1%
4	DISCHARGES	1,930	1,753	(177)	-9%
5	CASE MIX INDEX (CMI)	1.06468	1.13964	0.07496	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,054.83240	1,997.78892	(57.04348)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,698.73	\$7,247.87	(\$450.86)	-6%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$970.70)	(\$473.58)	\$497.12	-51%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,994,622)	(\$946,114)	\$1,048,507	-53%
10	PATIENT DAYS	6,915	5,589	(1,326)	-19%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,287.72	\$2,590.75	\$303.03	13%
12	AVERAGE LENGTH OF STAY	3.6	3.2	(0.4)	-11%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$54,681,379	\$51,278,934	(\$3,402,445)	-6%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$22,280,688	\$21,002,090	(\$1,278,598)	-6%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	40.75%	40.96%	0.21%	1%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	135.40%	139.94%	4.54%	3%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,613.17048	2,453.14970	(160.02079)	-6%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,526.30	\$8,561.28	\$34.97	0%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$241.20)	(\$862.22)	(\$621.02)	257%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$630,298)	(\$2,115,167)	(\$1,484,869)	236%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$95,067,210	\$87,922,426	(\$7,144,784)	-8%
22	TOTAL ACCRUED PAYMENTS	\$38,100,291	\$35,481,811	(\$2,618,480)	-7%
23	TOTAL ALLOWANCES	\$56,966,919	\$52,440,615	(\$4,526,304)	-8%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$2,624,919)	(\$3,061,281)	(\$436,361)	17%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$84,371,463	\$79,887,595	(\$4,483,868)	-5%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$36,447,939	\$35,946,182	(\$501,757)	-1%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$47,923,524	\$43,941,413	(\$3,982,111)	-8%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	56.80%	55.00%	-1.80%	

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<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>AMOUNT</b>	<b>%</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2009</b>	<b>FY 2010</b>	<b>DIFFERENCE</b>	<b>DIFFERENCE</b>
<b>C.</b>	<b><u>UNINSURED</u></b>				
	<b><u>UNINSURED INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$2,605,659	\$1,744,121	(\$861,538)	-33%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$188,048	\$25,685	(\$162,363)	-86%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	7.22%	1.47%	-5.74%	-80%
4	DISCHARGES	99	79	(20)	-20%
5	CASE MIX INDEX (CMI)	1.11723	1.00855	(0.10868)	-10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	110.60577	79.67545	(30.93032)	-28%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,700.16	\$322.37	(\$1,377.79)	-81%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$5,998.57	\$6,925.50	\$926.94	15%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$5,027.87	\$6,451.92	\$1,424.05	28%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$556,111	\$514,060	(\$42,052)	-8%
11	PATIENT DAYS	440	278	(162)	-37%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$427.38	\$92.39	(\$334.99)	-78%
13	AVERAGE LENGTH OF STAY	4.4	3.5	(0.9)	-21%
	<b><u>UNINSURED OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$5,204,794	\$3,962,849	(\$1,241,945)	-24%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$462,477	\$317,583	(\$144,894)	-31%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	8.89%	8.01%	-0.87%	-10%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	199.75%	227.21%	27.46%	14%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	197.75213	179.49733	(18.25479)	-9%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,338.67	\$1,769.29	(\$569.38)	-24%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$6,187.63	\$6,791.98	\$604.35	10%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,946.43	\$5,929.76	(\$16.67)	0%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,175,920	\$1,064,376	(\$111,544)	-9%
	<b><u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$7,810,453	\$5,706,970	(\$2,103,483)	-27%
24	TOTAL ACCRUED PAYMENTS	\$650,525	\$343,268	(\$307,257)	-47%
25	TOTAL ALLOWANCES	\$7,159,928	\$5,363,702	(\$1,796,226)	-25%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,732,031	\$1,578,436	(\$153,595)	-9%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$6,734,400	\$5,974,004	(\$760,396)	-11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,481,372	\$1,555,529	\$74,157	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.00%	26.04%	4.04%	18%
4	DISCHARGES	417	406	(11)	-3%
5	CASE MIX INDEX (CMI)	0.82345	0.90485	0.08140	10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	343.37865	367.36910	23.99045	7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,314.11	\$4,234.24	(\$79.87)	-2%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,384.63	\$3,013.63	(\$370.99)	-11%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,413.93	\$2,540.05	\$126.13	5%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$828,891	\$933,137	\$104,246	13%
11	PATIENT DAYS	1,485	1,247	(238)	-16%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$997.56	\$1,247.42	\$249.86	25%
13	AVERAGE LENGTH OF STAY	3.6	3.1	(0.5)	-14%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$8,750,141	\$11,552,237	\$2,802,096	32%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,808,365	\$2,450,311	\$641,946	35%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.67%	21.21%	0.54%	3%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	129.93%	193.38%	63.44%	49%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	541.81646	785.10296	243.28650	45%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,337.60	\$3,121.01	(\$216.59)	-6%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$5,188.71	\$5,440.27	\$251.56	5%
21	MEDICARE - MEDICAID OP PMT / OPED	\$4,947.51	\$4,578.04	(\$369.46)	-7%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,680,641	\$3,594,236	\$913,595	34%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$15,484,541	\$17,526,241	\$2,041,700	13%
24	TOTAL ACCRUED PAYMENTS	\$3,289,737	\$4,005,840	\$716,103	22%
25	TOTAL ALLOWANCES	\$12,194,804	\$13,520,401	\$1,325,597	11%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,509,532	\$4,527,373	\$1,017,841	29%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>E.</b>	<b><u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u></b>				
	<b><u>OTHER MEDICAL ASSISTANCE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$755,730	\$168,175	(\$587,555)	-78%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$59,200	\$13,543	(\$45,657)	-77%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	7.83%	8.05%	0.22%	3%
4	DISCHARGES	27	7	(20)	-74%
5	CASE MIX INDEX (CMI)	1.19089	1.14018	(0.05071)	-4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	32.15403	7.98126	(24.17277)	-75%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,841.14	\$1,696.85	(\$144.29)	-8%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$5,857.59	\$5,551.02	(\$306.57)	-5%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$4,886.90	\$5,077.44	\$190.55	4%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$157,133	\$40,524	(\$116,609)	-74%
11	PATIENT DAYS	105	20	(85)	-81%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$563.81	\$677.15	\$113.34	20%
13	AVERAGE LENGTH OF STAY	3.9	2.9	(1.0)	-27%
	<b><u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,115,622	\$301,352	(\$1,814,270)	-86%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$244,073	\$48,209	(\$195,864)	-80%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	11.54%	16.00%	4.46%	39%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	279.94%	179.19%	-100.75%	-36%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	75.58492	12.54327	(63.04166)	-83%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,229.12	\$3,843.42	\$614.29	19%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$5,297.18	\$4,717.86	(\$579.32)	-11%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$5,055.98	\$3,855.63	(\$1,200.35)	-24%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$382,156	\$48,362	(\$333,794)	-87%
	<b><u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$2,871,352	\$469,527	(\$2,401,825)	-84%
24	TOTAL ACCRUED PAYMENTS	\$303,273	\$61,752	(\$241,521)	-80%
25	TOTAL ALLOWANCES	\$2,568,079	\$407,775	(\$2,160,304)	-84%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$539,289	\$88,887	(\$450,403)	-84%

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		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>AMOUNT</b>	<b>%</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2009</b>	<b>FY 2010</b>	<b>DIFFERENCE</b>	<b>DIFFERENCE</b>
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$7,490,130	\$6,142,179	(\$1,347,951)	-18%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,540,572	\$1,569,072	\$28,500	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.57%	25.55%	4.98%	24%
4	DISCHARGES	444	413	(31)	-7%
5	CASE MIX INDEX (CMI)	0.84579	0.90884	0.06304	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	375.53268	375.35036	(0.18232)	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,102.36	\$4,180.29	\$77.92	2%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,596.37	\$3,067.59	(\$528.78)	-15%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,625.67	\$2,594.01	(\$31.66)	-1%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$986,024	\$973,661	(\$12,363)	-1%
11	PATIENT DAYS	1,590	1,267	(323)	-20%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$968.91	\$1,238.42	\$269.50	28%
13	AVERAGE LENGTH OF STAY	3.6	3.1	(0.5)	-14%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$10,865,763	\$11,853,589	\$987,826	9%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,052,438	\$2,498,520	\$446,082	22%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	18.89%	21.08%	2.19%	12%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	145.07%	192.99%	47.92%	33%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	617,40139	797,64623	180,24484	29%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,324.32	\$3,132.37	(\$191.95)	-6%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,201.99	\$5,428.91	\$226.92	4%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,960.79	\$4,566.68	(\$394.10)	-8%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,062,797	\$3,642,599	\$579,802	19%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$18,355,893	\$17,995,768	(\$360,125)	-2%
24	TOTAL ACCRUED PAYMENTS	\$3,593,010	\$4,067,592	\$474,582	13%
25	TOTAL ALLOWANCES	\$14,762,883	\$13,928,176	(\$834,707)	-6%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$46,587	\$152,291	\$105,704	227%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$9,600	\$37,915	\$28,315	295%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.61%	24.90%	4.29%	21%
4	DISCHARGES	3	12	9	300%
5	CASE MIX INDEX (CMI)	0.51895	0.71244	0.19349	37%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1.55685	8.54928	6.99243	449%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,166.30	\$4,434.88	(\$1,731.42)	-28%
8	PATIENT DAYS	11	30	19	173%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$872.73	\$1,263.83	\$391.11	45%
10	AVERAGE LENGTH OF STAY	3.7	2.5	(1.2)	-32%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$233,699	\$213,143	(\$20,556)	-9%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$103,943	\$57,711	(\$46,232)	-44%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$280,286	\$365,434	\$85,148	30%
14	TOTAL ACCRUED PAYMENTS	\$113,543	\$95,626	(\$17,917)	-16%
15	TOTAL ALLOWANCES	\$166,743	\$269,808	\$103,065	62%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$749,027	\$779,865	\$30,838	4%
2	TOTAL OPERATING EXPENSES	\$88,487,473	\$86,047,738	(\$2,439,735)	-3%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$360,327	\$386,028	\$25,701	7%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$122,057	\$299,029	\$176,972	145%
5	BAD DEBTS (CHARGES)	\$6,998,451	\$6,738,669	(\$259,782)	-4%
6	UNCOMPENSATED CARE (CHARGES)	\$7,120,508	\$7,037,698	(\$82,810)	-1%
7	COST OF UNCOMPENSATED CARE	\$2,408,237	\$2,427,926	\$19,688	1%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$18,355,893	\$17,995,768	(\$360,125)	-2%
9	TOTAL ACCRUED PAYMENTS	\$3,593,010	\$4,067,592	\$474,582	13%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$6,208,173	\$6,208,335	\$161	0%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,615,163	\$2,140,743	(\$474,421)	-18%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$128,350,324	\$115,664,811	(\$12,685,513)	-10%
2	TOTAL INPATIENT PAYMENTS	\$42,972,106	\$40,180,832	(\$2,791,274)	-6%
3	TOTAL INPATIENT PAYMENTS / CHARGES	33.48%	34.74%	1.26%	4%
4	TOTAL DISCHARGES	4,800	4,540	(260)	-5%
5	TOTAL CASE MIX INDEX	1.29943	1.30802	0.00859	1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	6,237,24343	5,938,38816	(298,85527)	-5%
7	TOTAL OUTPATIENT CHARGES	\$90,789,239	\$88,631,335	(\$2,157,904)	-2%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	70.74%	76.63%	5.89%	8%
9	TOTAL OUTPATIENT PAYMENTS	\$30,679,176	\$29,880,936	(\$798,240)	-3%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	33.79%	33.71%	-0.08%	0%
11	TOTAL CHARGES	\$219,139,563	\$204,296,146	(\$14,843,417)	-7%
12	TOTAL PAYMENTS	\$73,651,282	\$70,061,768	(\$3,589,514)	-5%
13	TOTAL PAYMENTS / TOTAL CHARGES	33.61%	34.29%	0.68%	2%
14	PATIENT DAYS	20,370	17,708	(2,662)	-13%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$87,964,493	\$79,021,319	(\$8,943,174)	-10%
2	INPATIENT PAYMENTS	\$27,152,503	\$25,701,111	(\$1,451,392)	-5%
3	GOVT. INPATIENT PAYMENTS / CHARGES	30.87%	32.52%	1.66%	5%
4	DISCHARGES	2,870	2,787	(83)	-3%
5	CASE MIX INDEX	1.45729	1.41392	(0.04336)	-3%
6	CASE MIX ADJUSTED DISCHARGES	4,182.41103	3,940.59924	(241.81179)	-6%
7	OUTPATIENT CHARGES	\$36,107,860	\$37,352,401	\$1,244,541	3%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	41.05%	47.27%	6.22%	15%
9	OUTPATIENT PAYMENTS	\$8,398,488	\$8,878,846	\$480,358	6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.26%	23.77%	0.51%	2%
11	TOTAL CHARGES	\$124,072,353	\$116,373,720	(\$7,698,633)	-6%
12	TOTAL PAYMENTS	\$35,550,991	\$34,579,957	(\$971,034)	-3%
13	TOTAL PAYMENTS / CHARGES	28.65%	29.71%	1.06%	4%
14	PATIENT DAYS	13,455	12,119	(1,336)	-10%
15	TOTAL GOVERNMENT DEDUCTIONS	\$88,521,362	\$81,793,763	(\$6,727,599)	-8%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	4.9	4.6	(0.3)	-6%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.2	(0.4)	-11%
3	UNINSURED	4.4	3.5	(0.9)	-21%
4	MEDICAID	3.6	3.1	(0.5)	-14%
5	OTHER MEDICAL ASSISTANCE	3.9	2.9	(1.0)	-27%
6	CHAMPUS / TRICARE	3.7	2.5	(1.2)	-32%
7	TOTAL AVERAGE LENGTH OF STAY	4.2	3.9	(0.3)	-8%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$219,139,563	\$204,296,146	(\$14,843,417)	-7%
2	TOTAL GOVERNMENT DEDUCTIONS	\$88,521,362	\$81,793,763	(\$6,727,599)	-8%
3	UNCOMPENSATED CARE	\$7,120,508	\$7,037,698	(\$82,810)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$47,923,524	\$43,941,413	(\$3,982,111)	-8%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,818,984	\$1,429,460	(\$389,524)	-21%
6	TOTAL ADJUSTMENTS	\$145,384,378	\$134,202,334	(\$11,182,044)	-8%
7	TOTAL ACCRUED PAYMENTS	\$73,755,185	\$70,093,812	(\$3,661,373)	-5%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$360,327	\$386,028	\$25,701	7%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$74,115,512	\$70,479,840	(\$3,635,672)	-5%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3382114621	0.3449885932	0.0067771311	2%
11	COST OF UNCOMPENSATED CARE	\$2,408,237	\$2,427,926	\$19,688	1%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,615,163	\$2,140,743	(\$474,421)	-18%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND				
	MEDICAL ASSISTANCE UNDERPAYMENT	\$5,023,401	\$4,568,668	(\$454,733)	-9%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$2,680,641	\$3,594,236	\$913,595	34%
2	OTHER MEDICAL ASSISTANCE	\$539,289	\$88,887	(\$450,403)	-84%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,732,031	\$1,578,436	(\$153,595)	-9%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$4,951,962	\$5,261,559	\$309,597	6%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,885,294	\$2,327,861	(\$557,433)	-19.32%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$8,817,435	\$8,168,129	(\$649,306)	-7.36%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$82,829,045	\$78,615,925	(\$4,213,120)	-5.09%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$219,139,563	\$204,296,146	(\$14,843,417)	-6.77%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$7,120,508	\$7,037,698	(\$82,810)	-1.16%

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<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$40,385,831	\$36,643,492	(\$3,742,339)
2	MEDICARE	\$80,427,776	72,726,849	(\$7,700,927)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,490,130	6,142,179	(\$1,347,951)
4	MEDICAID	\$6,734,400	5,974,004	(\$760,396)
5	OTHER MEDICAL ASSISTANCE	\$755,730	168,175	(\$587,555)
6	CHAMPUS / TRICARE	\$46,587	152,291	\$105,704
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,605,659	1,744,121	(\$861,538)
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$87,964,493</b>	<b>\$79,021,319</b>	<b>(\$8,943,174)</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$128,350,324</b>	<b>\$115,664,811</b>	<b>(\$12,685,513)</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$54,681,379	\$51,278,934	(\$3,402,445)
2	MEDICARE	\$25,008,398	25,285,669	\$277,271
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,865,763	11,853,589	\$987,826
4	MEDICAID	\$8,750,141	11,552,237	\$2,802,096
5	OTHER MEDICAL ASSISTANCE	\$2,115,622	301,352	(\$1,814,270)
6	CHAMPUS / TRICARE	\$233,699	213,143	(\$20,556)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,204,794	3,962,849	(\$1,241,945)
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$36,107,860</b>	<b>\$37,352,401</b>	<b>\$1,244,541</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$90,789,239</b>	<b>\$88,631,335</b>	<b>(\$2,157,904)</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$95,067,210	\$87,922,426	(\$7,144,784)
2	TOTAL MEDICARE	\$105,436,174	\$98,012,518	(\$7,423,656)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$18,355,893	\$17,995,768	(\$360,125)
4	TOTAL MEDICAID	\$15,484,541	\$17,526,241	\$2,041,700
5	TOTAL OTHER MEDICAL ASSISTANCE	\$2,871,352	\$469,527	(\$2,401,825)
6	TOTAL CHAMPUS / TRICARE	\$280,286	\$365,434	\$85,148
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,810,453	\$5,706,970	(\$2,103,483)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$124,072,353</b>	<b>\$116,373,720</b>	<b>(\$7,698,633)</b>
	<b>TOTAL CHARGES</b>	<b>\$219,139,563</b>	<b>\$204,296,146</b>	<b>(\$14,843,417)</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,819,603	\$14,479,721	(\$1,339,882)
2	MEDICARE	\$25,602,331	24,094,124	(\$1,508,207)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,540,572	1,569,072	\$28,500
4	MEDICAID	\$1,481,372	1,555,529	\$74,157
5	OTHER MEDICAL ASSISTANCE	\$59,200	13,543	(\$45,657)
6	CHAMPUS / TRICARE	\$9,600	37,915	\$28,315
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$188,048	25,685	(\$162,363)
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$27,152,503</b>	<b>\$25,701,111</b>	<b>(\$1,451,392)</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$42,972,106</b>	<b>\$40,180,832</b>	<b>(\$2,791,274)</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$22,280,688	\$21,002,090	(\$1,278,598)
2	MEDICARE	\$6,242,107	6,322,615	\$80,508
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,052,438	2,498,520	\$446,082
4	MEDICAID	\$1,808,365	2,450,311	\$641,946
5	OTHER MEDICAL ASSISTANCE	\$244,073	48,209	(\$195,864)
6	CHAMPUS / TRICARE	\$103,943	57,711	(\$46,232)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$462,477	317,583	(\$144,894)
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$8,398,488</b>	<b>\$8,878,846</b>	<b>\$480,358</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$30,679,176</b>	<b>\$29,880,936</b>	<b>(\$798,240)</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$38,100,291	\$35,481,811	(\$2,618,480)
2	TOTAL MEDICARE	\$31,844,438	\$30,416,739	(\$1,427,699)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,593,010	\$4,067,592	\$474,582
4	TOTAL MEDICAID	\$3,289,737	\$4,005,840	\$716,103
5	TOTAL OTHER MEDICAL ASSISTANCE	\$303,273	\$61,752	(\$241,521)
6	TOTAL CHAMPUS / TRICARE	\$113,543	\$95,626	(\$17,917)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$650,525	\$343,268	(\$307,257)
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$35,550,991</b>	<b>\$34,579,957</b>	<b>(\$971,034)</b>
	<b>TOTAL PAYMENTS</b>	<b>\$73,651,282</b>	<b>\$70,061,768</b>	<b>(\$3,589,514)</b>

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<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18.43%	17.94%	-0.49%
2	MEDICARE	36.70%	35.60%	-1.10%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.42%	3.01%	-0.41%
4	MEDICAID	3.07%	2.92%	-0.15%
5	OTHER MEDICAL ASSISTANCE	0.34%	0.08%	-0.26%
6	CHAMPUS / TRICARE	0.02%	0.07%	0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.19%	0.85%	-0.34%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>40.14%</b>	<b>38.68%</b>	<b>-1.46%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>58.57%</b>	<b>56.62%</b>	<b>-1.95%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	24.95%	25.10%	0.15%
2	MEDICARE	11.41%	12.38%	0.96%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.96%	5.80%	0.84%
4	MEDICAID	3.99%	5.65%	1.66%
5	OTHER MEDICAL ASSISTANCE	0.97%	0.15%	-0.82%
6	CHAMPUS / TRICARE	0.11%	0.10%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.38%	1.94%	-0.44%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>16.48%</b>	<b>18.28%</b>	<b>1.81%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>41.43%</b>	<b>43.38%</b>	<b>1.95%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	21.48%	20.67%	-0.81%
2	MEDICARE	34.76%	34.39%	-0.37%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.09%	2.24%	0.15%
4	MEDICAID	2.01%	2.22%	0.21%
5	OTHER MEDICAL ASSISTANCE	0.08%	0.02%	-0.06%
6	CHAMPUS / TRICARE	0.01%	0.05%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.26%	0.04%	-0.22%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>36.87%</b>	<b>36.68%</b>	<b>-0.18%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>58.35%</b>	<b>57.35%</b>	<b>-0.99%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	30.25%	29.98%	-0.28%
2	MEDICARE	8.48%	9.02%	0.55%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.79%	3.57%	0.78%
4	MEDICAID	2.46%	3.50%	1.04%
5	OTHER MEDICAL ASSISTANCE	0.33%	0.07%	-0.26%
6	CHAMPUS / TRICARE	0.14%	0.08%	-0.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.63%	0.45%	-0.17%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>11.40%</b>	<b>12.67%</b>	<b>1.27%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>41.65%</b>	<b>42.65%</b>	<b>0.99%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

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(1)	(2)	(3)	(4)	(5)
<b>LINE DESCRIPTION</b>		<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,930	1,753	(177)
2	MEDICARE	2,423	2,362	(61)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	444	413	(31)
4	MEDICAID	417	406	(11)
5	OTHER MEDICAL ASSISTANCE	27	7	(20)
6	CHAMPUS / TRICARE	3	12	9
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	99	79	(20)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>2,870</b>	<b>2,787</b>	<b>(83)</b>
	<b>TOTAL DISCHARGES</b>	<b>4,800</b>	<b>4,540</b>	<b>(260)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,915	5,589	(1,326)
2	MEDICARE	11,854	10,822	(1,032)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,590	1,267	(323)
4	MEDICAID	1,485	1,247	(238)
5	OTHER MEDICAL ASSISTANCE	105	20	(85)
6	CHAMPUS / TRICARE	11	30	19
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	440	278	(162)
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>13,455</b>	<b>12,119</b>	<b>(1,336)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>20,370</b>	<b>17,708</b>	<b>(2,662)</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.2	(0.4)
2	MEDICARE	4.9	4.6	(0.3)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.6	3.1	(0.5)
4	MEDICAID	3.6	3.1	(0.5)
5	OTHER MEDICAL ASSISTANCE	3.9	2.9	(1.0)
6	CHAMPUS / TRICARE	3.7	2.5	(1.2)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.4	3.5	(0.9)
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>4.7</b>	<b>4.3</b>	<b>(0.3)</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>4.2</b>	<b>3.9</b>	<b>(0.3)</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.06468	1.13964	0.07496
2	MEDICARE	1.57050	1.50580	(0.06470)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.84579	0.90884	0.06304
4	MEDICAID	0.82345	0.90485	0.08140
5	OTHER MEDICAL ASSISTANCE	1.19089	1.14018	(0.05071)
6	CHAMPUS / TRICARE	0.51895	0.71244	0.19349
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.11723	1.00855	(0.10868)
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.45729</b>	<b>1.41392</b>	<b>(0.04336)</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.29943</b>	<b>1.30802</b>	<b>0.00859</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$84,371,463	\$79,887,595	(\$4,483,868)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$36,447,939	\$35,946,182	(\$501,757)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$47,923,524	\$43,941,413	(\$3,982,111)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	56.80%	55.00%	-1.80%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,885,294	\$2,327,861	(\$557,433)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,818,984	\$1,429,460	(\$389,524)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$360,327	\$386,028	\$25,701
8	CHARITY CARE	\$122,057	\$299,029	\$176,972
9	BAD DEBTS	\$6,998,451	\$6,738,669	(\$259,782)
10	TOTAL UNCOMPENSATED CARE	\$7,120,508	\$7,037,698	(\$82,810)
11	TOTAL OTHER OPERATING REVENUE	\$84,371,463	\$79,887,595	(\$4,483,868)
12	TOTAL OPERATING EXPENSES	\$88,487,473	\$86,047,738	(\$2,439,735)

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(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,054.83240	1,997.78892	(57.04348)
2	MEDICARE	3,805.32150	3,556.69960	(248.62190)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	375.53268	375.35036	(0.18232)
4	MEDICAID	343.37865	367.36910	23.99045
5	OTHER MEDICAL ASSISTANCE	32.15403	7.98126	(24.17277)
6	CHAMPUS / TRICARE	1.55685	8.54928	6.99243
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	110.60577	79.67545	(30.93032)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>4,182.41103</b>	<b>3,940.59924</b>	<b>(241.81179)</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>6,237.24343</b>	<b>5,938.38816</b>	<b>(298.85527)</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,613.17048	2,453.14970	-160.02079
2	MEDICARE	753.41320	821.22010	67.80690
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	617.40139	797.64623	180.24484
4	MEDICAID	541.81646	785.10296	243.28650
5	OTHER MEDICAL ASSISTANCE	75.58492	12.54327	-63.04166
6	CHAMPUS / TRICARE	15.04920	16.79493	1.74573
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	197.75213	179.49733	-18.25479
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>1,385.86379</b>	<b>1,635.66125</b>	<b>249.79746</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>3,999.03427</b>	<b>4,088.81095</b>	<b>89.77668</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,698.73	\$7,247.87	(\$450.86)
2	MEDICARE	\$6,728.03	\$6,774.29	\$46.26
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,102.36	\$4,180.29	\$77.92
4	MEDICAID	\$4,314.11	\$4,234.24	(\$79.87)
5	OTHER MEDICAL ASSISTANCE	\$1,841.14	\$1,696.85	(\$144.29)
6	CHAMPUS / TRICARE	\$6,166.30	\$4,434.88	(\$1,731.42)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,700.16	\$322.37	(\$1,377.79)
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$6,492.07</b>	<b>\$6,522.13</b>	<b>\$30.06</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$6,889.60</b>	<b>\$6,766.29</b>	<b>(\$123.31)</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,526.30	\$8,561.28	\$34.97
2	MEDICARE	\$8,285.10	\$7,699.05	(\$586.05)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,324.32	\$3,132.37	(\$191.95)
4	MEDICAID	\$3,337.60	\$3,121.01	(\$216.59)
5	OTHER MEDICAL ASSISTANCE	\$3,229.12	\$3,843.42	\$614.29
6	CHAMPUS / TRICARE	\$6,906.88	\$3,436.22	(\$3,470.66)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,338.67	\$1,769.29	(\$569.38)
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$6,060.11</b>	<b>\$5,428.29</b>	<b>(\$631.82)</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$7,671.65</b>	<b>\$7,307.98</b>	<b>(\$363.67)</b>

<b>MILFORD HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE DESCRIPTION</b>		<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$2,680,641	\$3,594,236	\$913,595
2	OTHER MEDICAL ASSISTANCE	\$539,289	\$88,887	(\$450,403)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,732,031	\$1,578,436	(\$153,595)
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$4,951,962</b>	<b>\$5,261,559</b>	<b>\$309,597</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$219,139,563	\$204,296,146	(\$14,843,417)
2	TOTAL GOVERNMENT DEDUCTIONS	\$88,521,362	\$81,793,763	(\$6,727,599)
3	UNCOMPENSATED CARE	\$7,120,508	\$7,037,698	(\$82,810)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$47,923,524	\$43,941,413	(\$3,982,111)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,818,984	\$1,429,460	(\$389,524)
6	TOTAL ADJUSTMENTS	\$145,384,378	\$134,202,334	(\$11,182,044)
7	TOTAL ACCRUED PAYMENTS	\$73,755,185	\$70,093,812	(\$3,661,373)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$360,327	\$386,028	\$25,701
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$74,115,512	\$70,479,840	(\$3,635,672)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3382114621	0.3449885932	0.0067771311
11	COST OF UNCOMPENSATED CARE	\$2,408,237	\$2,427,926	\$19,688
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$2,615,163	\$2,140,743	(\$474,421)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$5,023,401	\$4,568,668	(\$454,733)
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39.17%	39.52%	0.34%
2	MEDICARE	31.83%	33.13%	1.30%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.57%	25.55%	4.98%
4	MEDICAID	22.00%	26.04%	4.04%
5	OTHER MEDICAL ASSISTANCE	7.83%	8.05%	0.22%
6	CHAMPUS / TRICARE	20.61%	24.90%	4.29%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7.22%	1.47%	-5.74%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>30.87%</b>	<b>32.52%</b>	<b>1.66%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>33.48%</b>	<b>34.74%</b>	<b>1.26%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	40.75%	40.96%	0.21%
2	MEDICARE	24.96%	25.00%	0.04%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18.89%	21.08%	2.19%
4	MEDICAID	20.67%	21.21%	0.54%
5	OTHER MEDICAL ASSISTANCE	11.54%	16.00%	4.46%
6	CHAMPUS / TRICARE	44.48%	27.08%	-17.40%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8.89%	8.01%	-0.87%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>23.26%</b>	<b>23.77%</b>	<b>0.51%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>33.79%</b>	<b>33.71%</b>	<b>-0.08%</b>

<b>MILFORD HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$73,651,282	\$70,061,768	(\$3,589,514)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$360,327	\$386,028	\$25,701
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$74,011,609</b>	<b>\$70,447,796</b>	<b>(\$3,563,813)</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$8,817,435	\$8,168,129	(\$649,306)
4	<b>CALCULATED NET REVENUE</b>	<b>\$82,829,044</b>	<b>\$78,615,925</b>	<b>(\$4,213,119)</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$82,829,045	\$78,615,925	(\$4,213,120)
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$1)</b>	<b>\$0</b>	<b>\$1</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$219,139,563	\$204,296,146	(\$14,843,417)
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$219,139,563</b>	<b>\$204,296,146</b>	<b>(\$14,843,417)</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$219,139,563	\$204,296,146	(\$14,843,417)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$7,120,508	\$7,037,698	(\$82,810)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$7,120,508</b>	<b>\$7,037,698</b>	<b>(\$82,810)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$7,120,508	\$7,037,698	(\$82,810)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$36,643,492
2	MEDICARE	72,726,849
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,142,179
4	MEDICAID	5,974,004
5	OTHER MEDICAL ASSISTANCE	168,175
6	CHAMPUS / TRICARE	152,291
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,744,121
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$79,021,319</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$115,664,811</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$51,278,934
2	MEDICARE	25,285,669
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11,853,589
4	MEDICAID	11,552,237
5	OTHER MEDICAL ASSISTANCE	301,352
6	CHAMPUS / TRICARE	213,143
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,962,849
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$37,352,401</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$88,631,335</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$87,922,426
2	TOTAL GOVERNMENT ACCRUED CHARGES	116,373,720
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$204,296,146</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$14,479,721
2	MEDICARE	24,094,124
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,569,072
4	MEDICAID	1,555,529
5	OTHER MEDICAL ASSISTANCE	13,543
6	CHAMPUS / TRICARE	37,915
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	25,685
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$25,701,111</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$40,180,832</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$21,002,090
2	MEDICARE	6,322,615
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,498,520
4	MEDICAID	2,450,311
5	OTHER MEDICAL ASSISTANCE	48,209
6	CHAMPUS / TRICARE	57,711
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	317,583
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$8,878,846</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$29,880,936</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$35,481,811
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	34,579,957
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$70,061,768</b>

MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,753
2	MEDICARE	2,362
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	413
4	MEDICAID	406
5	OTHER MEDICAL ASSISTANCE	7
6	CHAMPUS / TRICARE	12
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	79
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>2,787</b>
	<b>TOTAL DISCHARGES</b>	<b>4,540</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.13964
2	MEDICARE	1.50580
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.90884
4	MEDICAID	0.90485
5	OTHER MEDICAL ASSISTANCE	1.14018
6	CHAMPUS / TRICARE	0.71244
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.00855
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.41392</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.30802</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$79,887,595
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$35,946,182
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$43,941,413
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	55.00%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,327,861
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,429,460
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$386,028
8	CHARITY CARE	\$299,029
9	BAD DEBTS	\$6,738,669
10	TOTAL UNCOMPENSATED CARE	\$7,037,698
11	TOTAL OTHER OPERATING REVENUE	\$779,865
12	TOTAL OPERATING EXPENSES	\$86,047,738

<b>MILFORD HOSPITAL</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2010</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$70,061,768
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$386,028
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$70,447,796</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$8,168,129
	<b>CALCULATED NET REVENUE</b>	<b>\$78,615,925</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$78,615,925
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$204,296,146
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$204,296,146</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$204,296,146
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$7,037,698
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$7,037,698</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$7,037,698
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

<b>MILFORD HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 650 - HOSPITAL UNCOMPENSATED CARE</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A. <u>Hospital Charity Care (from HRS Report 500)</u></b>					
1	Number of Applicants	38	52	14	37%
2	Number of Approved Applicants	16	31	15	94%
3	<b>Total Charges (A)</b>	\$122,057	\$299,029	\$176,972	145%
4	<b>Average Charges</b>	<b>\$7,629</b>	<b>\$9,646</b>	<b>\$2,018</b>	<b>26%</b>
5	Ratio of Cost to Charges (RCC)	0.382652	0.402420	0.019768	5%
6	<b>Total Cost</b>	<b>\$46,705</b>	<b>\$120,335</b>	<b>\$73,630</b>	<b>158%</b>
7	<b>Average Cost</b>	<b>\$2,919</b>	<b>\$3,882</b>	<b>\$963</b>	<b>33%</b>
8	Charity Care - Inpatient Charges	\$76,155	\$184,494	\$108,339	142%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	5,109	102,356	97,247	1903%
10	Charity Care - Emergency Department Charges	40,793	12,179	(28,614)	-70%
11	<b>Total Charges (A)</b>	<b>\$122,057</b>	<b>\$299,029</b>	<b>\$176,972</b>	<b>145%</b>
12	Charity Care - Number of Patient Days	20	72	52	260%
13	Charity Care - Number of Discharges	3	8	5	167%
14	Charity Care - Number of Outpatient ED Visits	29	59	30	103%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	3	3	0	0%
<b>B. <u>Hospital Bad Debts (from HRS Report 500)</u></b>					
1	Bad Debts - Inpatient Services	\$2,367,045	\$2,246,583	(\$120,462)	-5%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	4,631,406	4,492,086	(139,320)	-3%
3	Bad Debts - Emergency Department	0	0	0	0%
4	<b>Total Bad Debts (A)</b>	<b>\$6,998,451</b>	<b>\$6,738,669</b>	<b>(\$259,782)</b>	<b>-4%</b>
<b>C. <u>Hospital Uncompensated Care (from HRS Report 500)</u></b>					
1	Charity Care (A)	\$122,057	\$299,029	\$176,972	145%
2	Bad Debts (A)	6,998,451	6,738,669	(259,782)	-4%
3	<b>Total Uncompensated Care (A)</b>	<b>\$7,120,508</b>	<b>\$7,037,698</b>	<b>(\$82,810)</b>	<b>-1%</b>
4	Uncompensated Care - Inpatient Services	\$2,443,200	\$2,431,077	(\$12,123)	0%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	4,636,515	4,594,442	(42,073)	-1%
6	Uncompensated Care - Emergency Department	40,793	12,179	(28,614)	-70%
7	<b>Total Uncompensated Care (A)</b>	<b>\$7,120,508</b>	<b>\$7,037,698</b>	<b>(\$82,810)</b>	<b>-1%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					

<b>MILFORD HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES,</b>					
<b>ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE</b>					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
	<b><u>COMMERCIAL - ALL PAYERS</u></b>				
1	Total Gross Revenue	\$84,371,463	\$79,887,595	(\$4,483,868)	-5%
2	Total Contractual Allowances	\$47,923,524	\$43,941,413	(\$3,982,111)	-8%
	<b>Total Accrued Payments (A)</b>	<b>\$36,447,939</b>	<b>\$35,946,182</b>	<b>(\$501,757)</b>	<b>-1%</b>
	<b>Total Discount Percentage</b>	<b>56.80%</b>	<b>55.00%</b>	<b>-1.80%</b>	<b>-3%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

<b>MILFORD HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>A. <u>Gross and Net Revenue</u></b>				
1	Inpatient Gross Revenue	\$132,305,630	\$128,350,324	\$115,664,811
2	Outpatient Gross Revenue	\$90,072,124	\$90,789,239	\$88,631,335
3	Total Gross Patient Revenue	\$222,377,754	\$219,139,563	\$204,296,146
4	Net Patient Revenue	\$83,253,020	\$82,468,718	\$78,229,898
<b>B. <u>Total Operating Expenses</u></b>				
1	Total Operating Expense	\$85,362,191	\$88,487,473	\$86,047,738
<b>C. <u>Utilization Statistics</u></b>				
1	Patient Days	21,629	20,370	17,708
2	Discharges	4,935	4,800	4,540
3	Average Length of Stay	4.4	4.2	3.9
4	Equivalent (Adjusted) Patient Days (EPD)	36,354	34,779	31,277
0	Equivalent (Adjusted) Discharges (ED)	8,295	8,195	8,019
<b>D. <u>Case Mix Statistics</u></b>				
1	Case Mix Index	1.25647	1.29943	1.30802
2	Case Mix Adjusted Patient Days (CMAPD)	27,176	26,469	23,162
3	Case Mix Adjusted Discharges (CMAD)	6,201	6,237	5,938
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	45,677	45,192	40,911
5	Case Mix Adjusted Equivalent Discharges (CMAED)	10,422	10,649	10,489
<b>E. <u>Gross Revenue Per Statistic</u></b>				
1	Total Gross Revenue per Patient Day	\$10,281	\$10,758	\$11,537
2	Total Gross Revenue per Discharge	\$45,061	\$45,654	\$44,999
3	Total Gross Revenue per EPD	\$6,117	\$6,301	\$6,532
4	Total Gross Revenue per ED	\$26,810	\$26,740	\$25,477
5	Total Gross Revenue per CMAEPD	\$4,868	\$4,849	\$4,994
6	Total Gross Revenue per CMAED	\$21,337	\$20,578	\$19,477
7	Inpatient Gross Revenue per EPD	\$3,639	\$3,690	\$3,698
8	Inpatient Gross Revenue per ED	\$15,951	\$15,661	\$14,424

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<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$3,849	\$4,049	\$4,418
2	Net Patient Revenue per Discharge	\$16,870	\$17,181	\$17,231
3	Net Patient Revenue per EPD	\$2,290	\$2,371	\$2,501
4	Net Patient Revenue per ED	\$10,037	\$10,063	\$9,756
5	Net Patient Revenue per CMAEPD	\$1,823	\$1,825	\$1,912
6	Net Patient Revenue per CMAED	\$7,988	\$7,744	\$7,458
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$3,947	\$4,344	\$4,859
2	Total Operating Expense per Discharge	\$17,297	\$18,435	\$18,953
3	Total Operating Expense per EPD	\$2,348	\$2,544	\$2,751
4	Total Operating Expense per ED	\$10,291	\$10,797	\$10,731
5	Total Operating Expense per CMAEPD	\$1,869	\$1,958	\$2,103
6	Total Operating Expense per CMAED	\$8,191	\$8,309	\$8,204
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$15,347,305	\$17,018,295	\$17,871,610
2	Nursing Fringe Benefits Expense	\$5,503,138	\$6,911,685	\$7,469,549
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$20,850,443</b>	<b>\$23,929,980</b>	<b>\$25,341,159</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$4,451,036	\$4,932,122	\$5,249,817
2	Physician Fringe Benefits Expense	\$821,247	\$968,548	\$1,170,003
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$5,272,283</b>	<b>\$5,900,670</b>	<b>\$6,419,820</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$16,331,416	\$15,222,495	\$14,239,774
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$6,016,868	\$6,129,230	\$5,868,930
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$22,348,284</b>	<b>\$21,351,725</b>	<b>\$20,108,704</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$36,129,757	\$37,172,912	\$37,361,201
2	Total Fringe Benefits Expense	\$12,341,253	\$14,009,463	\$14,508,482
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$48,471,010</b>	<b>\$51,182,375</b>	<b>\$51,869,683</b>

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<b>L.</b>	<b><u>Total Full Time Equivalent Employees (FTEs)</u></b>			
1	Total Nursing FTEs	211.0	206.3	217.4
2	Total Physician FTEs	18.0	20.3	21.2
3	Total Non-Nursing, Non-Physician FTEs	331.0	321.3	285.4
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>560.0</b>	<b>547.9</b>	<b>524.0</b>
<b>M.</b>	<b><u>Nursing Salaries and Fringe Benefits Expense per FTE</u></b>			
1	Nursing Salary Expense per FTE	\$72,736	\$82,493	\$82,206
2	Nursing Fringe Benefits Expense per FTE	\$26,081	\$33,503	\$34,359
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$98,817</b>	<b>\$115,996</b>	<b>\$116,565</b>
<b>N.</b>	<b><u>Physician Salary and Fringe Expense per FTE</u></b>			
1	Physician Salary Expense per FTE	\$247,280	\$242,962	\$247,633
2	Physician Fringe Benefits Expense per FTE	\$45,625	\$47,712	\$55,189
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$292,905</b>	<b>\$290,673</b>	<b>\$302,822</b>
<b>O.</b>	<b><u>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</u></b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$49,340	\$47,378	\$49,894
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$18,178	\$19,076	\$20,564
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$67,517</b>	<b>\$66,454</b>	<b>\$70,458</b>
<b>P.</b>	<b><u>Total Salary and Fringe Benefits Expense per FTE</u></b>			
1	Total Salary Expense per FTE	\$64,517	\$67,846	\$71,300
2	Total Fringe Benefits Expense per FTE	\$22,038	\$25,569	\$27,688
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$86,555</b>	<b>\$93,416</b>	<b>\$98,988</b>
<b>Q.</b>	<b><u>Total Salary and Fringe Ben. Expense per Statistic</u></b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,241	\$2,513	\$2,929
2	Total Salary and Fringe Benefits Expense per Discharge	\$9,822	\$10,663	\$11,425
3	Total Salary and Fringe Benefits Expense per EPD	\$1,333	\$1,472	\$1,658
4	Total Salary and Fringe Benefits Expense per ED	\$5,844	\$6,245	\$6,468
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,061	\$1,133	\$1,268
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,651	\$4,806	\$4,945